
Adult Services Manual

Adult Services Staff Orientation Packet Introduction

This orientation packet is designed to provide Adult Services employees with basic information needed to work successfully in our service area. It is not intended to be a complete or comprehensive overview. Thus, employees new to the service area will need to work closely with their counterparts to learn additional intricacies of their positions.

In Adult Services it is our goal that the work we do and the decisions we make will be driven by our vision statement, mission statement, and our guiding principles. These documents outline the principles that were utilized to develop our service areas policies and procedures and our unit guidelines. They create an expectation that everyone connected to Adult Services will be treated professionally as a person with dignity, who is deserving of respect. We believe that adherence to these principles will create an environment in which patients, patient support systems, and staff members will flourish and achieve their potential.

Adult Services is committed to provide high quality and innovative care. The contribution of all staff is needed to push our care and programming to such a level. We value employees who seek out and share new ideas, and encourage all staff in our service to become involved in our efforts to continually improve the care that we provide. As you become invested in this effort, we are sure that you will find daily satisfaction through your job and you will touch the lives of people deeply in need of support.

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MISSION STATEMENT

Our mission is to provide excellent inpatient psychiatric care.

GOAL STATEMENT

The goal of Adult Services is to provide a safe and healing environment in which all people are treated with dignity and respect. Our purpose is to assist patients to reach their potential, through individualized treatment with an aim toward their return to the community. We will work as a unified body seeking the assistance of patients, families and the community in achieving these goals.

GUIDING PRINCIPLES

- Our central purpose is to assist patients to successfully refine those life skills essential to their satisfactory integration into their community.
- Patients are to be involved, as much as they are capable, in developing and implementing their treatment plan. We treat each patient as an individual, structuring activities and treatment interventions to the person's specific needs.
- All people (staff, patients, family and community members) are treated with dignity, kindness and respect at all times.
- Safety is the responsibility of each individual. We all take it upon ourselves to observe our environment and those around us to enable us to intervene early, thus avoiding dangerous situations.
- We are committed to the concept of lateral service in which all staff pitch in together to maintain a clean environment and quality treatment programs.
- We believe that a "healing environment" is achieved as people feel safe, accepted and have a therapeutic relationship with those providing care. Each staff member takes personal responsibility to create a healing environment in Adult Services.
- Adult Services works in partnership with patient support systems and the community mental health centers to assist patients to achieve their potential, thus attaining a continuity of care between hospital and community-based treatment.
- Staff will be encouraged and recognized for improving their competency, upgrading their skills and for utilizing them to benefit Adult Services.
- Adult Services is committed to have a staff that is knowledgeable and understands how to provide care effectively. This is achieved as all staff are current with their mandatory training and as they attend quality inservices.
- Adult Services values honesty and personal integrity in patients and staff.

Adult Services Administration Flow Chart

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Adult Services Clinical Team

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ADULT SERVICES OPERATIONAL POLICIES

CONFIDENTIALITY AND DISCLOSURE OF INFORMATION

Medical records are confidential. The medical record is the property of the

hospital and is maintained for the benefit of the patient, the medical staff, and the hospital. The hospital is responsible for safeguarding both the record and its informational content against loss, defacement, tampering, and from use by unauthorized individuals. Written consent of the patient or his/her legally qualified representative is required for the release of medical information to persons not otherwise authorized to receive the information. Authorization for Release of Information forms can be found in the secretary's office. Even verbal information about patients is not to be shared without proper authorization.

EMERGENCIES

All Emergencies - Dial 44222 for immediate attention. This phone number will contact the switchboard operator who will coordinate efforts in dealing with the emergency.

AWOL - Call switchboard to contact security. Give a description of patient and any information about where he/she was last seen, what direction he/she left in, how long he/she has been gone, etc. Send an employee to go with security to help identify patient. The security officer is seldom available at extension 44251. Much time can be saved by calling "operator" and asking for switchboard to contact security. Other people to notify include: the hospital superintendent, the AD, the psychiatrist, the OD, the UND, the police department, bus station, and next of kin.

Code Blue - The Utah State Hospital uses a Code Blue message broadcast over the public address system to notify all medical and nursing personnel of emergency situations involving a cardiac and/or respiratory arrest. A Code Blue message can also be used in other medical emergencies when loss of life is imminent to summon additional medical and nursing staff. Any staff member discovering a patient with a cardiac/respiratory arrest shall immediately use the emergency number 44222 to contact the switchboard. The staff member discovering the patient shall also be responsible for initiating CPR.

Code 10 - The Utah State Hospital uses a Code 10 message broadcast over the public address system to notify all hospital personnel of an emergency situation involving a security problem. A Code 10 security message can be used in the event of a security problem in the service area dealing with patients, visitors, or intruders to increase the number of personnel available in the area. Personnel responding to the Code 10 broadcast can include hospital security, nursing services personnel not essential for area coverage, and professional staff who have received violence training through the USH Staff Development classes. Any staff member may request a Code 10 message be broadcast. The decision to do so rests in the professional team members present.

Code Red - In the event of a Code Red (fire), the following procedures should be followed:

- Remove patients
- Pull Fire Alarm
- Dial 44222
- State **PROBLEM AND LOCATION TWICE**
- Close doors and windows (do not lock doors)

- Fight fire - if manageable
- See complete fire evacuation plan for Rampton building on page 21 of this manual.

Code D - In the event of a Code D (bomb threat) the following procedures should be followed:

Bomb Threat

If you are the person who is on the phone with the caller of the bomb threat, keep the person on the line as long as possible.

1. Be calm and courteous. Listen carefully. Do not interrupt the caller.
2. Write down the exact words which are spoken by the caller (use the "Bomb Threat Record" form if possible)
3. Write down anything else noticed about the caller such as accent, characteristics of speech and voice, and manner (calm, coherent, angry).
4. Write down background noises (i.e. trains, a factory, music, children, naimals, etc.)
5. Ask:
 1. When will the bomb go off?
 2. Where is the bomb located?
 3. What kind of bomb is it?
6. Was there anything said which would indicate the identity of the caller?

Things to do once a bomb threat has taken place:

1. Immediately notify the switchboard at 44222, who will notify hospital security, Provo Police and hospital administration.
2. DO NOT USE TWO-WAY RADIOS IN AREA AT RISK FOR BOMB THREAT.
3. Evacuate
4. Hospital administration/administrator notifies the Command Center who will initiate appropriate procedures from this point.

Earthquake

What to do during an earthquake:

1. Keep calm; do not panic.
2. DO NOT ABANDON PATIENTS.
3. **If you are indoors, stay indoors.**
 1. Protect yourself and ezpecially your head by sitting under a desk, table, bench or in doorways, halls and against inside walls. If nothing is available, kneel and cover your head with your arms.
 2. Keep away from shelving, files and other furniture which could fall and cause injury. Stay away from glass.
 3. Wait until the earthquake is over to evacuate the building.

There may be increased chance for injury outside (falling brick, etc.).

4. If you are outdoors, move away from buildings, utility wires, trees and steep slopes.

5. If you are in a moving vehicle, stop as quickly as safety permits and stay in the vehicle.

After the earthquake:

1. Account for all patients.

2. Reassure and calm patients.

3. Care for injured.

4. Do not enter structurally damaged room or hallways.

5. Check for fires.

6. Report all structural damage to Command Center.

7. Do not use candles, matches, or other open flames.

8. If you smell gas:

1. Remove patients to another area of the facility.

2. Report incident to the Command Center.

9. Do not pass rumors or exaggerated reports that may lead to more confusion or panic.

Hostage

In the event that hospital personnel are involved in a situation in which a hostage is taken or there is a potential for patients, employees, and/or visitors to be taken hostage, law enforcement is notified immediately. The designated law enforcement takes charge of the investigation and resolution of the situation. The following guidelines are used, if possible, in a hostage situation.

1. Notify switchboard operator:

1. Dial 44222 to notify operator.

2. Tell the operator "Code D - Hostage" and the location. (If possible, stay on the line without jeopardizing yourself and give the operator as many details as possible.)

1. Physical description

2. Location of person

3. Weapons

4. Number of people involved.

2. Switchboard operator:

1. Notifies Provo Police

2. Notifies Security by radio

3. Notifies hospital executive staff, unit, facilities, and SSRN if weekends.

3. Employees directly involved in hostage situation:

1. Remain calm and observant. Hostage situations are extremely volatile and dangerous in the first 5 to 10 minutes.

2. Attempt to leave without being observed. Use stairways, not elevators.

3. Attempt to move patients if possible. Again, if possible, do so without being noticed. Report to switchboard for location of Command Center and proceed there immediately.
4. Use all powers of observation - note:
 1. Physical description, clothing, speech, height, accents.
 2. How many perpetrators.
 3. Behavior
 4. Weapons
 5. Location where the hostages have been taken.
 6. How many hostages and where are they.
5. Do not enter the hostage area.
6. Police have the only authority for granting hostage taker demands.
7. General guidelines for survival if taken hostage:
 1. Remain calm - avoid displays of emotion.
 2. Do what you are told.
 3. Initially, do not speak unless you are spoken to. Do not volunteer anything.
 4. Keep a low profile; do not stand out.
 5. Never argue, lie, confront, or provoke captor.
 6. Get rid of symbols of authority; name badge and uniform, if possible.
 7. Sit down, if possible, and act relaxed. Get rid of personal effects (i.e. photographs of spouse or children, keys, etc.) if possible.
 8. Don't try to negotiate with hostage taker unless under threat of being killed.
 9. Try to rest, but remain alert and facing toward hostage takers.
 10. Remain observant; you may be released. At times, it may be appropriate to ask for medication (nitro, insulin, etc.). Some hostages takers may release sick hostages.
 11. If released, cooperate with police and security officers.
 12. Expect noise and light if rescue attempt is made. Get on the floor immediately and stay down until told to move.
8. After incident, report to heninger Building for stress debriefing and law enforcement interviews.

GROOMING AND DRESS STANDARDS

Standards of grooming and dress are to be followed by all employees of the Utah State Hospital to insure positive role models for patients, to present a positive

appearance to the public, and to reduce the possibility of accident or the transmission of infection. Adult Services follows the Utah State Hospital Dress Standard Guidelines.

INSERVICES

Appropriate programs and training for administrative, clinical, and support personnel are provided. These inservice training programs contribute toward the preparation for better qualified personnel, improved patient care, and for the preparation of added responsibilities. All employees are required to complete yearly mandatory training. Staff Development maintains copies of training competencies, objectives, content outlines, and competency measurements for all mandatory inservices. This training includes reviews and updates in:

- Orientation to Adult Services
- Infection Control/Universal Precautions/Hazardous Materials
- Life Safety/Fire and Disaster Response
- Patient Rights/Confidentiality
- Violence Prevention (verbal interventions)
- Code of Conduct
- CPR
- Defensive Driving (occasional driver, every 3 years; regular driver, every year)

All employees who provide direct patient care are required to complete the SIT training. This list of mandatory inservices will be continually updated.

New employees are given the initial mandatory inservice training in new employee orientation. The hospital does training yearly on mandatory inservices that all employees must attend. If you have any ideas for other training, share your ideas with your supervisor.

MAINTAINING FACILITY

While the hospital provides housekeeping staff to maintain a hygienic environment for patients and staff, extra help is needed in order to keep the facility at its best. If you see something that needs to be done, it is everyone's responsibility to pitch in and help. Adult Services is what we as employees make it. No one is above helping out when something needs to be done.

P.A. SYSTEM

Please use the P.A. system only when necessary and keep the announcement short and professional. Even though overhead announcements are necessary at times, they are disruptive to everyone.

QUALITY RESOURCES/QUALITY IMPROVEMENT

The hospital-wide Quality Improvement Program focuses on improving organizational performance through "doing the right things" and "doing the right things well." The Adult Services Quality Improvement Program focuses on improving services for our adult patients. Just as every hospital employee is part of the hospital-wide Quality Improvement Program, all adult service employees

are part of the Adult Services Quality Improvement program. We take good ideas from wherever we can get them! If you see some way that you can improve the way that you do your job, some way we can improve the care we give to patients on Adult Services, or have an idea that would help the whole hospital, please let your supervisor know, put a suggestion in the Suggestion Box or call Quality Resources, extension 44229. You can also call 4-IDEA to leave a suggestion for hospital improvements.

There are opportunities to be on project teams and receive training in quality improvement. Also, videos are available in Staff Development for hospital use. All of us working together to find better ways of doing things is what it is all about!

SUPPLIES

Supplies for front office staff are ordered by the secretary in your area. Supplies are stored in the secretary's office. If you have a special office supply request, submit it to your area secretary and she will place the order; otherwise, you will find most supplies that are consistently used by all staff stocked in her office. Supplies for the unit are ordered by the environmentalists.

TELEPHONES

Incoming calls can be placed directly to your phone by using the prefix 344 in front of your extension number. Phones should be answered as follows, "Adult Services, identify yourself." Most professional staff have access to voice mail so messages can be left when you are away from your work area. If you move to a new office, department, or building and want your phone calls to follow you, it will be necessary, and appreciated, to contact the switchboard and inform them of such moves. This is the responsibility of the person moving. Personal calls should be kept to a minimum. It is the responsibility of the employee to reimburse the hospital for long distance personal phone calls. It is not appropriate to make long distance calls at the state's expense.

WORK ORDERS

If something needs to be fixed or replaced in the office area, the information needs to be submitted to your environmentalist. If there is an emergency, call Maintenance immediately and inform them of the problem. After you have called Maintenance, please let your environmentalist know of the problem so she can follow-up this request by submitting a work order through the computer.

WORK SCHEDULES

As employees of Utah State Hospital, you are expected to maintain appropriate, approved work schedules. Please be on time and stay until the end of your shift. If you are unable to keep that schedule, you are expected to call your immediate supervisor or the supervisor's designee and inform that person that you will be late or you will need to use sick leave that day. Annual leave and overtime must be approved in advance and the request should be submitted to your immediate supervisor directly. Please arrange to have your responsibilities covered while you are gone in all situations. Lunch breaks and other breaks cannot be taken

during the first or last hour of the day or used to shorten the work day. These procedures will be helpful in tracking staff time more efficiently and will help in processing time sheets.

ADULT SERVICES PATIENT CARE/PROGRAMS

I. PATIENT CARE

COMMUNICATING PATIENT CARE/CONCERNS

We will always be developing improved ways to communicate information concerning patient care. The nursing cardex is an important source for patient information. It is kept up-to-date by the nurses and will be at the nurses' station where the patient is assigned. We are working on a team project to improve patient care. The teams will meet at assigned times to make decisions about their patients.

DISCIPLINES

Psychiatry

Psychiatrists serve as the Clinical Directors over their respective units. These physicians are board eligible or board certified in psychiatry. As Clinical Directors, psychiatrists are responsible to admit patients, determine diagnoses, and direct the development of treatment plans for each of the patients on the unit. They serve as the clinical treatment team leaders and direct the staff in the process of providing complete mental health care to the patients assigned to the unit. Psychiatrists are also responsible for determining the medication needs of patients and prescribing appropriate psychoactive medication intervention. As attending physicians, they are also apprised of and help monitor other medical concerns of each patient. In Adult Services, one psychiatrist is assigned to each treatment team.

Medical Services

The medical needs of the patients cared for at the Utah State Hospital are met by a team of competent medical professionals. Upon admission, each patient receives a physical examination to assess their medical condition. Each shift has at least one registered nurse (RN) assigned to be with the patients on the unit. This individual(s) is responsible to assess any medical needs that might arise. The RN will provide care for any conditions that fall within his/her scope of practice. If concerns are identified that require more complete care, the nurse practitioner or medical doctor is notified and provides the needed care. Conditions that require additional attention are referred to consulting medical services that are contracted from outside the USH. A patient may be treated at one of the local medical hospitals if circumstances warrant such a placement.

Nursing

The nursing discipline is made up of RN's, LPN's, ward clerks, environmentalists, and psych techs. The major goal of the nursing discipline is to provide quality patient care. The nursing discipline provides 24 hour a day patient care. They assist, teach, and coach patients in skills that will help them be as independent and functional as possible with their illness. The RN develops a nursing

treatment plan for each patient. He/she is responsible to make sure this plan is followed and is effective. The RN supervises both LPN's and psych techs. All nursing staff monitor the patients well-being and give input into the treatment plan.

Psychology

Psychological services, which are provided by PhD level psychologists, are aimed at providing in-depth diagnostic information and advance therapeutic interventions. Psychological testing is administered to provide an objective understanding of a patient's personality, cognitive abilities, intellectual abilities, and neuropsychological functioning. Consultative services are available to setup personalized behavioral interventions with patients. Additionally, advanced psychotherapeutic treatments can be provided, including biofeedback and neurofeedback.

Social Work

Social Work Services believes in the importance of attention to the psychosocial needs of patients and their families and in the evaluation and treatment of crisis and disability resulting from the emotional, social, and economic stresses of illness. The social worker joins with other team members in clinical staffings and other treatment focused meetings and contributes his/her unique skills in the formation and implementation of treatment plans.

Therapeutic Recreation Therapy

The recreation therapist offers broad, comprehensive, and flexible programs to fit individual needs of patients and to meet their treatment plan goals. The overall purpose of the service is to assist patients to overcome problems through a therapeutic recreation approach and to facilitate the development, maintenance, and expression of an appropriate leisure lifestyle for individuals with physical, mental, emotional, or social limitations. This purpose is accomplished through the provision of professional programs and services which assist the patient in eliminating barriers to developing leisure skills and attitudes, and optimizing leisure involvement.

The discipline believes that leisure, including recreation and play, are inherent aspects of the human experience. Leisure involvement has great value in human development, in social and family relationships, and in general, adds to the quality of one's life. Some human beings have disabilities, illnesses, or social conditions which limit their full participation in the narrative social structure of society. These individuals with limitations have the same human rights to, and needs for, leisure involvement.

PATIENT ASSESSMENTS

The assessment aspects of the psychiatric record are the foundation for the formulation of an individualized treatment plan. The hospital is organized into special treatment units, with unique program emphasis, resulting in varying assessment responses. Each treatment unit is responsible for conducting a

complete assessment of each patient, including clinical consideration of the patient's needs. The assessment includes, but is not limited to physical, emotional, behavioral, social, recreational, and when appropriate, legal and vocational needs.

Psychiatric Assessment

An emotional and behavioral assessment of each patient is completed within 24 hours of admission and entered in the patient's record. The assessment includes, but is not limited to:

- A history of previous emotional, behavioral, substance abuse problems, and treatment.
- The patient's current emotional and behavioral functioning.
- A direct psychiatric evaluation.
- A mental status examination appropriate to the age of the patient.

Physical Examinations

A physical examination is completed within 24 hours of admission. The process and results of the examination are documented by the physician/nurse practitioner in the patient's record.

Nursing Assessment

Utilizing the nursing process, initial nursing assessments will be done on all patients on admission. Nurses will continuously collect data and assess the psychological and physiological status and progress of patients with reference to identified problems and treatment goals.

Individual Comprehensive Treatment Plan (ICTP)

An individualized comprehensive treatment plan (ICTP) is developed for every patient within 14 calendar days of admission to the Utah State Hospital. The ICTP directs the process of providing treatment to the patient. This plan is developed through the joint efforts of the various members of the treatment team. The patient is also involved in developing his/her treatment plan at whatever level he/she is capable of participating. In developing the ICTP, the patient's presenting problems, physical health, emotional status, and behavioral status are considered. The treatment plan contains specific goals designed to assist the patient to achieve maximum growth and adaptive capabilities. The treatment plan focuses on using the patient's strengths to help him/her to achieve the treatment goals. The treatment plan describes the services, activities, and programs planned for the patient, and identifies which staff members are assigned to work with the patient with each intervention. The treatment plan also delineates specific criteria to be met for discharge. Each patient's ICTP is reviewed and updated in multidisciplinary clinical staff conferences every thirty days to determine adequacy of the plan and to make any needed changes. With the consent of the patient, family members are welcome to participate in the treatment planning process.

Social History

A social assessment of each patient is completed within 14 days of admission which includes information relating to the following areas:

- Environment and home
- Religion
- Childhood history
- Military service history
- Financial status
- The social, peer-group, and environmental setting from which the patient comes; and the patient's family circumstances, including the constellation of the family group; the current living situation, and social, ethnic, cultural, emotional, and health factors including drug and alcohol use.

Recreational Therapy Assessment

An activities assessment of each patient is completed within 14 days of admission which includes information relating to the individual's current skills, talents, aptitudes, and interests.

Discharge Summary and Aftercare Plan

A discharge summary dictated and signed by the patient's attending physician and the patient's social worker is entered in the patient's record within 14 days following discharge. The discharge includes the results of the initial physical and psychiatric assessment and diagnosis. The discharge summary includes a clinical resume that summarizes the following:

- The significant physical and psychiatric findings.
- The course and progress of the patient in the hospital with regard to each identified clinical problem.
- The clinical course of the patient's treatment.
- The final assessment, including the general observations and understanding of the patient's condition initially, during treatment, and at discharge.
- The recommendations and arrangements for further treatment, including prescribed medications and aftercare.

The discharge summary includes the final primary and secondary diagnosis. A written aftercare plan that provides reasonable assurance of continued care is developed with the participation of the appropriate mental health center staff, other professionals in the community who may be involved, the patient, and when indicated, the family or guardian.

II. PATIENT PROGRAMS

PROGRAMMING PHILOSOPHY

The goal in therapeutic programming for Adult Services is to provide patients with an individualized treatment plan that meets their specific needs and utilizes their unique strengths. Traditional modalities such as medication and psychotherapy (individual, group, and family) augmented by education and skill training will assist patients in developing independence and responsibility. Current trends include

movement from unit approach toward a multidisciplinary small team approach and an expansion from insight oriented interventions to include more patient and family psycho education.

ADULT EDUCATION

Educational opportunities are made available to adult patients who are 18 years of age or older. Those patients who have not yet graduated from high school are provided with the opportunity to attend school programs wherein they may earn a high school diploma or a General Education Development (GED) certificate.

Other informal educational opportunities are made available to those adult patients who simply desire to improve their academic skills regardless of whether or not they already have a high school diploma.

The clinical personnel on Adult Services may refer any of their adult patients for academic evaluation and/or screening for school services by contacting Dr. Sam Roberts (ext. 44515 or Ted Henderson 44512) at the Youth Center.

OCCUPATIONAL THERAPY

The Occupational Therapy staff at Utah State Hospital offer activities that assist an individual to regain, develop, and improve upon functional skills needed for the highest level of independent living in the community while bringing as much satisfaction and happiness to a person's life. Many areas of concern may be with money and time management, social skills, ability to work and play cooperatively with others, pre-vocational skills, hygiene/grooming, care of living space and personal items, nutrition and cooking. Individual consultation for specific psychiatric or physical disability needs is also provided upon referral from the physician. All patients referred to Occupational Therapy receive a functional assessment.

Programs that are offered are through the OT Shop, the cognitive Remediation Program, the two OT Skills Centers, one on LHU and one on Forensic.

THERAPEUTIC RECREATION THERAPY

The recreation therapist functions as part of the interdisciplinary team with the responsibility of assessing each patient as to his or her recreation/leisure needs, interest and skills. The recreation therapist then makes recommendations which addresses those needs, interests and skills in setting up a TR program to aid in the therapy of each patient. This program should help prepare the patient for release, improve his or her quality of life while a patient at the USH, and prepares the patient to function more appropriately when they are placed back into a community setting. Patients have free time available to participate in various recreation, diversional, and leisure education activities besides their recreation therapy group.

VOCATIONAL REHABILITATION

An individual with mental illness has as much right as any other handicapped individual to be counseled, trained, and given the opportunity to compete in the world of work. It has been proven time and time again that work is as

therapeutic, if not more therapeutic, as other areas of treatment. Our major goal at USH is to give patients every chance to learn, work, grow in confidence, and live as independently as possible in the least restrictive environment. Our thrust is in helping people to help themselves become as vocationally, socially, and economically independent as possible without constructing overprotection. The vocational program of USH provides assessment, vocational evaluation, counseling, consultation, industrial therapy, job training, on-the-job evaluation, jobs within the hospital setting and supported work in the community. Training and work assignments are designed to provide therapeutic benefit to the patients and help them develop work habits and attitudes, self-confidence, skills in dealing with peers and supervisors, and other work skills necessary to succeed in further vocational training or jobs in the community as they leave the hospital setting.

ADULT SERVICES PATIENT POLICIES AND GUIDELINES

ABUSE/RESPECT

All people (staff, patients, family and community members) are treated with dignity, kindness and respect at all times. No physical abuse of self, others, or unit property will be tolerated. No threatening behavior or abusive language is allowed. Patients are not allowed to punish other patients when they see abuse, they should instead ask for staff assistance.

ATTIRE

Patients must be fully clothed while on the unit. Dress and appearance must be modest and clean. Attire considered inappropriate include: Tee shirts with inappropriate messages, spandex pants, halter or tank tops, tube tops, immodest shirts, blouses, skirts, and shorts, or clothing which reveals a bare midriff. Gang attire such as baggy pants, bandanas, etc., is not allowed. Shorts are to be no shorter than mid-thigh. Exceptions will be made depending on the activity. Appropriate sleepwear such as pajamas, nightgowns, or sweats should be worn to bed - it is not appropriate to wear street clothes to bed.

CONSUMABLE ITEMS

Items that are brought in by visitors need to be limited to only those amounts that will be consumed during the visit. Open containers should not be brought in by visitors.

CONTRABAND

Drugs, alcoholic beverages, weapons, drug paraphernalia, etc. are not allowed on hospital grounds.

DRIVING

During the time a patient is hospitalized, (which includes time the patient is on a home visit) he/she should not be allowed to drive. This is in accordance with state law and the Utah State Drivers License Division's policies and procedures. State law states, "if there is uncertainty about a person's ability to drive due to a physical, mental or emotional impairment, it is that person's responsibility to

refrain from driving (Utah Code Annotated 1953: 41-2-201 and 41-2-202)."

FITNESS/EXERCISE

Adult Services wishes to encourage personal fitness and physical well-being, use of exercise equipment on Adult Services, and use of passes. Patients are encouraged to contact their recreational therapist to develop a program that they can follow while they are in this facility.

HEALTH/SANITATION

Good hygiene and sanitation are essential to provide a safe and healthy environment. To maintain such an environment, patients are expected to:

- Bathe and brush their teeth daily.
- Keep hair clean and groomed (beards included). Patients are expected to shampoo regularly.
- Keep clothes clean, neat and mended.
- Wash hands after using the rest room and before meals.
- Assure personal areas of their room are clean and orderly, including locker, dresser, and bed area.
- Bedding and linen must be changed once a week as per laundry schedule.
- Personal hygiene must be appropriate in order for an individual to participate in activities outside of the patient living area, i.e. recreation, groups, passes, visits.

LAB WORK

Lab work is generally done in the early morning. Most patients will have regular lab work. If lab work interferes with mealtime, a meal will be provided for them on the unit.

LENDING/BORROWING

Patients are discouraged from borrowing, lending, selling, or giving away of property to other patients unless this has been approved by their treatment team. Patients are not allowed to give staff any property or gifts. It has been the experience of the hospital that problems can arise when these guidelines are not followed closely. Theft will not be tolerated.

MEDICATIONS

It is the responsibility of each patient to be available to take medications which have been ordered by the doctor. The staff LPN or RN will administer medications to them.

MONEY POLICIES

Patients are encouraged to monitor their funds carefully and to be responsible for keeping track of their financial resources. Treatment team members will provide assistance in this area as needed.

The budgeting of money is deemed necessary for functioning outside of the

hospital. Therefore, every effort will be made to approximate the conditions patients will be faced with upon their return to the community. The following guidelines apply where money management is concerned:

- Patient withdrawals from their account need to be arranged at least one day in advance (and at least by Thursday for money that will be required for the weekend). Patients can order money through the environmentalist.
- Patients should not carry more than seven dollars in cash on them unless approved by their treatment team. Banking on a regular basis will help decrease potential theft problems.
- Patients can work on ward industrials to earn money/script. If deemed appropriate by the treatment team, patients can work on the unit for a short period of time to earn script. They can spend script at the canteen to buy drinks, food, smokes, etc.
- If a patient makes purchases, they may be required to show receipts.

NON-VIOLENCE

Utah State Hospital is a psychiatric hospital whose mission is to provide excellent inpatient psychiatric care. As mental health care providers, our goal is to maintain a safe, non-violent environment where patients can receive the best care possible.

Violence is not an acceptable method of expressing themselves and the staff will focus on helping the patient find other ways to express their feelings. Violence can be a frightening experience for the patient and others. Therefore, Utah State Hospital has the expectation that the patient will not become violent during their stay in the hospital.

If violence does occur, the staff is trained in the safest techniques possible to help that person so that all patients, staff, and visitors can be safe.

PASSES - TYPES

As patients show increased responsibility, they will be encouraged to apply for a pass. The treatment team will take an active part in helping them to achieve (and apply for) the various levels of passes. Five passes are available to the patient.

White/Industrial - The patient may escort himself/herself to and from industrial assignments (or to various therapy appointments). Staff will call their destination to inform them that the patient has left the nurses' station. Staff at the destination will then contact the nurses' station to inform them that the patient has/has not arrived at the destination. The opposite of the above will pertain when the patient leaves their destination to go back to the nurses' station.

Red Pass - The patient may be away from the living area, on hospital grounds, with a maximum of two other patients up to one hour. This pass is only to be used during daylight hours and the staff on shift will determine the number of times the red pass can be used during any shift. A sign out document will be available from the nurses' station for their use in recording their activity.

Blue Pass - Blue pass holders may be away from the living area, on hospital grounds, without being escorted for a maximum of one hour at a time. This pass

is to be used only during daylight hours. The staff on shift in conjunction with the treatment team will determine the number of times the pass may be used on a shift-to-shift basis.

Green Pass - Green pass holders may be off hospital grounds for as long as twelve hours per day. This pass facilitates patients being involved in activities in the community such as school, work, social or religious activities. In most cases, a green pass is approved by the treatment team on a day-to-day basis. For patients with a regular schedule (school/work), daily approval will usually not be necessary.

Orange Pass - Orange pass holders may be off unit but remain in the immediate vicinity of the building (i.e. ramp, lawn, etc.).

NOTE: Patients are reminded that the use of any pass should be limited to those times when they are not scheduled for other activities or appointments. Also, all passes are contingent upon appropriate behavior and attire and is determined upon their behavior prior to requesting to use their pass. It will be the patient's responsibility to check in and out on pass at the nurses' station.

PATIENT REQUESTS

The meeting of the patient's needs and treatment objectives is important. They are requested to help make their needs known by the use of written requests.

The following outline is intended to assist patients with understanding the process involved in making a request:

1. Obtain a patient request form from the nurses' station.
2. Complete the form (please print or write legibly) indicating the specifics of the request.
3. Return the completed request form to the nurses' station.
4. The request will be reviewed by the treatment team and the patient will be notified as soon as possible regarding the status of their request.

NOTE: If a patient is requesting a home or off grounds visit, they will usually need to allow three days for the request to be considered by the physician; therefore, requests of this nature should be submitted as far in advance of the visit as possible.

Other requests for passes, community visits, special shopping trips, or for special money requests may also require up to two days to process.

PATIENT STATUS

The different levels are designed to allow patients to receive increasing levels of freedom and responsibility while preparing their return to the community. Patient status will be assigned depending on a patient's progress. The treatment team is responsible for making decisions on patient status. They will review patient status and make any necessary changes on a daily basis during the work week. Any changes in patient status will be explained. If at any time a patient is unsure of what their status may be, they will be able to learn this through contacting their treatment team.

POSSESSIONS/PERSONAL PROPERTY

Personal possessions should be kept in a locked locker at all times, this includes items such as toiletries, radios, valuables, and cash. Items such as those contained in aerosol cans, glass containers (or items that could be used for cutting), or items that contain alcohol are not permitted in the dressers or lockers and must be kept locked in the patient's personal locker at the nurses' station (all such items should be turned in to the nurses' station).

RADIOS

Listening to radios is part of leisure time enjoyment. When patients listen to their radio, the use of headsets is encouraged. While listening to a radio without the use of headsets, it is encouraged to keep the volume down so others are not disturbed. Listening to radios is limited to those times when it will not interfere with other scheduled activities such as groups or other therapies.

The maintenance of a patient's radio (including the obtaining of batteries for battery-operated appliances) will be their responsibility. All electrical devices need to be inspected by unit personnel before they are plugged into electrical outlets.

Identification of radios needs to be arranged. Patients should contact their treatment team for both inspection and identification of their personal radio. Their radio will need to be logged in by hospital personnel as part of their personal property.

RELATIONSHIPS

Opportunities to develop meaningful relationships and social experience are healthy and are encouraged. Supervised dances, activities, and informal gatherings are supported and valued. We discourage the development of romantic associations while a patient at USH. Sexual relations between patients are prohibited.

RESPECT FOR PROPERTY/EQUIPMENT

The respect for personal and hospital property and equipment is important for the success of this program; therefore, the abuse of hospital property or the property of others will not be tolerated. Patients or staff may be held responsible for any damage.

ROLL CALLS

On occasion (and for accountability purposes) roll calls are required. Patients are asked to cooperate so rolls can be taken as quickly as possible as not to be intrusive.

SECLUSION/RESTRAINT

It may be necessary at times to restrain a patient from the rest of the community or utilize measures that restrict their movement. This is known as seclusion or restraint. These interventions are only used for protection of self and others and never as a treatment intervention or punishment. It is carefully monitored by the hospital and only used as a last resort for safety reasons. The patient will be

asked if we may contact their family if such an incident occurs. The family will also be invited to participate in a debriefing soon after the incident to discuss the situation to help us and the patient find other ways to prevent these types of situations from occurring.

SEXUAL HARASSMENT

Federal and state guidelines prohibit sexual harassment of any kind. The following guidelines are extracted from published materials from the State of Utah:

- Sexual harassment is any interaction that is sexual in nature, that is repeated, unwanted, unsolicited, non-reciprocal, coercive, intimidating, or without mutuality.
- Sexually harassing behaviors can be identified in three categories:
- Visual: Constant leering, suggestive ogling, offensive signs and gestures, or open display of pornographic and other offensive materials.
- Verbal: Dirty jokes, sexual suggestions, highly personal innuendoes, and explicit proposition.
- Physical: "Accidentally" brushing up against the body, patting, squeezing, pinching, kissing, fondling, forced sexual assault, and/or rape.

If a patient has any concerns that they wish to discuss, they should talk with their treatment team.

SHARPS

A general rule is that glass, razors, and sharp items are locked up at the nurses' station and the use of these items must be supervised by staff or requested through the treatment team.

SMOKING

The hospital maintains (for everyone's health benefits) a smoke free living and working environment. The following rules and guidelines apply where smoking is concerned. Generally speaking it is recommended that patients do not use tobacco products due to the many health problems associated with tobacco usage. Unless otherwise restricted by doctor's order or under the legal age for smoking, patients may purchase cigarettes

- Smoking is limited to designated smoking areas only, and in all cases, smoking is not allowed in any public building or 25 feet from any door, window, or intake vent
- Care in disposing of smoking materials is appreciated. Everyone should use the receptacles that are provided. Disposing of smoking materials is considered to be a part of responsible behavior. It is expected that everyone will be mindful of the environment and the appearance of the grounds along with being considerate of others.
- The number of cigarettes that a patient smokes is dependent upon their financial resources (the hospital does not supply smoking materials) and

- the arrangements made with their treatment team. It is inappropriate for patients to borrow, lend, sell or share cigarettes.
- If a patient is approved to carry a lighter, the lighter must be turned in at the nurses' station.

TELEPHONE

Patients have the right to conduct private telephone conversations with family and friends, unless clinically contra-indicated. Telephone calls may be made from the patient courtesy phone in the patient's living area. Calls will not be sponsored unless specified by doctor's order. Abusive language is not permitted and will result in termination of the call. Calls may be made between 9:00 a.m. to 10:00 p.m. Individuals are encouraged to limit the length of their phone calls to 15 minutes. This allows others to have access to the phone and frees the phone up for incoming calls.

TRANSPORTATION

State law prohibits the transporting of patients in other than state owned motor vehicles. While a patient is a passenger in a state vehicle, they must wear seat belts. Smoking in a state vehicle is prohibited by the Clean Air Act. Patients should cooperate with the driver of the vehicle and comply with the directions that he or she may give.

VISITS

Visits by family members and significant others are encouraged. Patients should remind their visitors of the need to comply with the above listed rules and guidelines. A list of rules and guidelines for visitors is available through Adult Services. Visitors should be cautioned to secure valuable items in their car. Visitors need also to comply with the requirement to visit patients only in the authorized visiting areas. Visitors are not allowed in the patient living area unless otherwise directed by charge nurse. Church volunteers fall into the same category as visitors and should conduct their visits in the approved visiting areas. Supervised visits may be time limited.

Off ward visits need to be cleared with the treatment team prior to the arrival of the visitor. Patients should submit a request or have the visitor call the treatment team to arrange for a visit. Plans for an overnight visit away from the hospital need to be cleared well in advance (at least three days) so that arrangements for medication can be made and medical clearance for the visit can be obtained.

ADULT SERVICES SAFETY AND SECURITY POLICIES

I. SAFETY

FIRE EVACUATION PROCEDURE

The Rampton building is divided into five separate fire zones. Each of the four units, from the entrance by the staff office to the door dividing the units, is a separate fire zone. The office area that is between the north and south units (called "the core") is the fifth zone. When a fire alarm is activated in any of the units, all outside doors in the core area automatically lock creating a secure area

for evacuation. When an alarm is activated on one of the units, staff members should assist the patients to evacuate the unit. Only the unit where the alarm originates is to evacuate. The other units are in safe fire zones and do not need to be evacuated. The exception to this rule would be if two zones were activated at the same time. In that case the entire building should be evacuated to the outside. The steps in evacuating a unit of the building in the event of fire alarm are as follows:

1. Identify the location of fire. The control panel on the wall of the nurses station will identify whether the source of the alarm is in a bedroom or in another part of the unit. If the alarm is from a bedroom, the control panel will indicate this and the red fire indication light, located in the hall above each bedroom, will be lit over the bedroom in which the alarm was activated. If the fire is in another part of the unit, the control panel will not indicate the exact location of the fire, therefore, the staff will need to be alert of smoke and/or flame. The control panel will also alert staff of an alarm being activated in any other part of the building.

2. Evacuate away from the fire. Patients and staff should exit the unit where the alarm is activated by moving through the adjoining unit or by going through the main entrance by the staff offices, directly to the core area. Regardless of the route taken, all individuals evacuated should meet in the core area of the building by the secretaries' office. The evacuation should be in the direction that takes people away from the source of the fire. As the evacuation is taking place, staff need to check each room to see that no one is left behind. After a room is cleared, the door should be closed but not locked. The courtyards in the middle of the units are not a safe area for an evacuation and should not be used in case of fire.

Note: Door unlock automatically. When an alarm is activated on a unit, the doors dividing the two units and the main unit entrance doors between the unit and the staff offices automatically unlock. The doors to the seclusion rooms also unlock automatically at the time of an alarm. This allows people to freely exit the fire zone to a safe zone. Because the doors dividing the two units unlock and because the unit next to the activated alarm do not evacuate, people on the adjoining unit could go through the unlocked door and enter the fire zone. Therefore, when an alarm is activated on a unit, it is essential that a staff member on the adjoining unit watch the door between the two units to assure that nobody enters the unsafe area. If alarms are activated in two of the five fire zones at the same time, all of the doors to the outside of the building automatically unlock to allow people to freely evacuate the building. At that point the building would not provide any patient security and staff would need to quickly organize to secure the patients outside of the building.

3. Call roll. As soon as those evacuated from the unit arrive at the

core area, a roll call should be completed to account for each individual that should have been evacuated.

4. Remain in the core area. Those evacuated from the effected unit should remain in the core area until directed to return to the unit by hospital security.

In the event of an activated alarm in the core area, the staff and patients on the units should not evacuate. Those who are in the core area should leave the building through the nearest exit. People should not return to the building until hospital security gives permission.

INFECTION CONTROL

There is an active hospital-wide infection control program. Measures have been developed to identify and to control infections acquired at the Utah State Hospital or brought from the community to the hospital.

UNIVERSAL BLOOD AND BODY-FLUID PRECAUTIONS

All patients admitted to the Utah State Hospital are on body fluid precautions for the duration of their stay. All Utah State Hospital employees routinely use appropriate precautions to prevent skin and mucous membrane exposure when contact with blood and other body fluids of any patient is anticipated.

- Hands and other skin surfaces are washed immediately and thoroughly if contaminated with blood or other body fluids. Hands are washed immediately after gloves are removed.
- To prevent needlestick injuries, needles are not recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
- Pocket masks and ambu bags are available in patient care areas where the need for resuscitation is possible.
- Employees who have exudative lesions or weeping dermatitis do not do direct patient care nor handle patient care equipment until the condition resolves.
- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses by employees are prohibited in work areas where there is reasonable likelihood of occupational exposure (i.e., laboratory, medical treatment rooms, laundry, sterile supply, patient rooms, utility rooms, medication rooms).
- Food and drink are not kept in refrigerators, freezers, cabinets or on shelves, countertops or benchtops where blood or other potentially infectious materials are present.

INFECTIOUS WASTE

Infectious waste material will be designated as such by nursing and laboratory personnel and will be properly bagged in liners and tied. Bagged infectious waste is deposited in green "Infectious Waste Containers" by nursing and laboratory personnel. Infectious waste containers are checked on a weekly basis and full boxes are transported to the designated holding room of the Medical

Services Building. All infectious waste containers and the holding room of the Medical Services Building are cleaned and disinfected every ninety days or at any time when there is visible contamination. During all handling, cleaning, and decontaminating procedures, personnel practice universal precautions.

VISITORS POLICY

We ask all visitors on Adult Services to be aware of the following guidelines for the safety and well-being of patients in this area. These rules are intended to serve as a general guideline. Some patients may have different rules if deemed necessary by their treatment team.

1. Visiting hours is between the hours of 9:00 a.m. and 9:00 p.m. It is however advised that visitors call prior to leaving for their visit as the patient may be in therapy groups or on activities and thus the patient may not be immediately available at the time they arrive.

2. If a visitor plans to bring food or drink onto the unit for the patient, the amount needs to be limited to that which can be consumed during the time of the visit as there is no space available for storage of individual drink/food items. Any amount not consumed should be taken with the visitor when he/she leaves.

3. Any containers, whether holding food, drink, cosmetics, etc., brought onto the unit should be soft or pliable plastic as glass and hard plastic can be potentially dangerous to some patients. In addition, visitors should not give patients sharp objects, i.e. scissors, nail clippers, razors, pens, bobbie pins or pierced earrings.

4. Money that is brought for a patient is to be turned into the switchboard operator if it is in excess of five dollars. The switchboard operator will provide a receipt for the amount given and the money will be deposited in the patient's account. This is done to help assure the money is kept safe. If any money is given to the patient, the unit staff should be notified by the visitor before the money is given to the patient.

5. Visits on the unit must be confined to designated areas in order to protect the privacy of other patients and insure safety of visits. These visits should only take place in the visitor's room or in a conference room if the visitor's room is full unless otherwise directed by charge nurse. Visitors are to remain in the visiting area and are not to be in the patient living area. If visiting between 9:00 a.m. and 5:00 p.m. Monday through Friday, visitors should enter through the main entrance and stop at the secretaries' office. She will contact the unit the patient is housed on. If visiting after 5:00 p.m. or on weekends and holidays, visitors should go to the door immediately to the north or south of the main entrance and push the intercom button to the appropriate unit to contact staff.

6. If visitors plan to bring small children or large groups (more than four persons), visitors should clear this with the patient's treatment team prior to leaving home to see if these visits can be safely accommodated. If approved, the children must remain under parental supervision at all times and in the designated area.
7. Even though a visit has been cleared ahead of time, there may be an occasion in which a patient is not stable enough for a visit by the time the visitor arrives at the hospital. Final clearance must take place by having the visitor check in at the switchboard in the Administration building before the visitor can go to the unit.
8. All off unit visits must be cleared by the treatment team prior to the time of the visit. Generally a two day notice is required to allow the treatment team time to approve the visit and make necessary arrangements. While a patient at Utah State Hospital, patients are not allowed to drive, consume alcohol or use street drugs.
9. If a visit involves off unit or off ground locations, the visitor must accompany the patient at all times while off the unit and escort the patient back to the unit.
10. Visitors are not to bring purses, packages, or valuable items into the building while visiting without the approval of the staff on shift. Unless such items are for the patient, they are to be locked in the visitor's car or secured in a locker in the lobby of the Rampton Building.

II. SECURITY

EMPLOYEE THEFT OR FINANCIAL IMPROPRIETY

Utah State Hospital employees are expected to use state resources honestly and to follow the Department of Human Services Code of Ethics. This includes respect for other hospital employee and patient belongings. In accordance with the Division of Finance Employee Theft or Financial Impropriety policy, problems or potential problems involving employee theft or financial impropriety are immediately reported to the appropriate hospital personnel. Disciplinary action will be taken in the event of a violation resulting in personal gain, harm, or loss to another employee, the state, or a client. Disciplinary action includes, but is not limited to: reprimand, verbal warning, corrective action, suspension, demotion or termination, and legal action. Definition of theft and financial impropriety is as follows:

Theft: Obtaining or exercising unauthorized control over the property of another.

Financial Impropriety: Misuse of state funds for personal gain or other inappropriate activities.

IDENTIFICATION CARDS

Identification cards are used to identify by name, title or position all employees and students working at the Utah State Hospital. Employees identify themselves and their professional status to patients as care is provided by wearing their ID card. Employees wear their ID card to provide identification as needed for

receiving pay checks, signing out state cars, signing out keys for use of facilities, gaining access to USH in the event of a disaster, etc. ID cards are returned to the Human Resources Office upon employee termination or completion of student rotation. ID cards are to be worn at all times while working at the hospital.

KEY CONTROL

Key control is the responsibility of the Hospital Director of Safety Management and the Supervisor of Buildings and Grounds. All locksmith services, including repair, key or lock changes or replacements, duplicate or replacement for existing locks, and lock changes and additions within a unit or department are procured only through the established procedure. Keys issued in accordance with this policy may not be duplicated by the holder. Such action constitutes grounds for corrective action or termination.

New Hires: Employees are assigned an identification number which appears on the key tag issued by the personnel technician at the time of hire. The secretary to the Director of Safety Management issues keys to new hires at which time the employee reads and signs a Key Agreement card which lists the keys issued to the employee and penalties for violating agreement.

Transfers: When a current employee transfers from one area to another, he/she must have a completed Transfer Key form signed by the Administrative Director of the area from which they are transferring from and the Administrative Director of the area to which they are transferring to.

Terminations: Upon termination, the employee turns his/her keys to the secretary to the Director of Safety Management.

Keys are issued only to those individuals demonstrating a need on a continuing basis. Additional requests for keys are issued when the person making the request completes an Additional Key Request card. The employee is responsible for the cost of replacing lost keys. The cost for replacing a key or a set of keys is \$20.00. This fee must be paid before a new key or set of keys is issued. Keys are not the property of the individual but are the property of Utah State Hospital.

PATIENT AND PATIENT LIVING AREA SEARCH

Utah State Hospital provides a safe and secure environment for patients, staff and visitors. To accomplish this, identified items are not allowed on hospital grounds and/or in treatment areas (i.e., weapons, firearms, contraband, etc.) and may be confiscated in accordance with this policy. Each Service Treatment Director is responsible to define those items which may be considered contraband. A comprehensive definition can be found in the Utah State Hospital Operational Policy and Procedure Manual. In the event that a search becomes necessary, the Service Area Clinical Director, and Service Area Administrative Director are notified. The patient or a patient representative may be present when rooms and/or personal belongings are being searched. Searches are conducted under the direction of the Hospital Security Office and are carried out by staff members. Patient belongings are handled with the utmost care and

respect by members of the search team. A search is not complete until the area and other items are restored to their original or improved state. Any items confiscated are recorded and pertinent information is documented in the patient's record. A written report of the search is completed and submitted to the person initiating the search and to the Hospital Risk Management Department.

LEVELS OF SUICIDE PRECAUTIONS

The use of levels of suicide precautions for patients at Utah State Hospital requires clinical justification and is employed only to prevent a patient from harming him/herself. Suicide precautions are not used as punishment or for the convenience of staff. The rationale for the use of suicide precautions addresses the inadequacy of less restrictive intervention techniques. The levels of suicide precautions are for use throughout Utah State Hospital. Because they involve a restriction on an individual's freedom, a physician's order is required to move a patient from one level to another level. A registered nurse may increase the level of observation in emergency situations prior to obtaining a doctor's order.

Suicide Precautions Level I (Most Restrictive): Those patients with suicidal ideation or delusions of self-mutilation who, after assessment by the staff, present clinical symptoms that suggest a clear intent to follow through with the plan or delusion. Nursing Care: One-to-one continuous nursing observation, or restraints with continuous nursing observation always within line of sight in a designated area and within a length (or distance) specified (or designated) by the physician, and interaction 24 hours a day. Nursing assessment and documentation completed on every shift by a registered nurse, restriction to the ward.

Suicide Precautions Level II: Those patients with suicidal ideation and who, after assessment by the treatment team, present clinical symptoms that indicate a higher suicide potential than Level III. Nursing Care: Continuous nursing observation in line of sight in a designated area and interaction 24 hours a day, nursing assessment and documentation completed on every shift by a registered nurse, restriction to the ward.

Suicide Precautions Level III: Those patients who have suicidal ideations and after assessment by the treatment team are deemed to be in minimal danger of actively attempting suicide. Nursing Care: Check patient's whereabouts every fifteen minutes 24 hours a day, frequent verbal interactions during waking hours, nursing assessment and documentation completed on an every-shift basis by a registered nurse, restriction to the area.

More detailed procedures can be found in the Utah State Hospital Operation Policy and Procedure Manual.

Adult Services Patient Orientation Manual

Introduction

This packet was developed to help you better understand the hospital and to assist you in making a quick adjustment to your new surroundings. We sincerely hope that you benefit from your stay here at the hospital. We recognize you as a unique individual with your own strengths and talents. We look forward to

working in partnership with you to help you achieve your goals. Adult Services is divided into four treatment wings which are identified by their location, Northeast, Northwest, Southeast and Southwest. Each wing provides care for 30 patients. Each area has several areas for your use including a large outside courtyard, a group room, a visiting room, a kitchen, a craft room, two large day rooms equipped with TV's and stereos, an interview room and a phone room. Most of you will share a bedroom with one other person. Each person's treatment is directed by a clinical team. These teams are made up of a psychiatrist, social workers, recreational therapists, registered nurses, licensed practical nurses and psychiatric technicians. These teams are charged with the task of working with you in developing and carrying out a treatment plan that meets your individual needs. Administrative support to these teams is provided by an administrative director, and a supervising nurse. Several consultative services are provided including medical care (an internist), dental care, psychological services, occupational therapy, vocational rehabilitation, etc. Adult Services works to carry out the mission of the Utah State Hospital, which is to provide excellent inpatient psychiatric care. We do this as we work to achieve our goal of providing a safe and healing environment in which all people are treated with dignity and respect. Our purpose is to assist you to reach your potential through individualized treatment with an aim toward your return to the community. We place a high value on meeting your needs in a humanistic, caring and professional way. We encourage you to become an active participant with your team in developing a treatment plan that will meet your needs. Please share with us your thoughts and feelings about ways that we can improve the care that we are giving you so we will be able to better meet your needs.

Mike Fullmer, RN
Administrative Director, Northwest
Southeast

Paul Cloward, MTRS
Administrative Director,

Chris Michalek, LCSW
Administrative Director, Northeast
Southwest

Gary Helmer, LCSW
Administrative Director,

Updated 5/10/04

UTAH STATE HOSPITAL SERVICES AVAILABLE TO PATIENTS

Fred Collings, Hospital Patient Advocate
Fred is available to discuss patient concerns.

Extension 44240

Hospital Chaplain

The chaplain is available to discuss religious issues and to direct you to the

Extension 44707

clergy of your choice.

Contract Patient Attorney

This attorney is available to discuss patient concerns. Appointments are made through the USH Patient Advocate.

Utah Legal Services

374-6766

455 N. University
Suite #100
Provo, UT 84601

This agency generally helps low income people with divorce, child custody, public benefits, and collections.

Utah County Public Defender

379-2570

43 E. 200 N.
Provo, UT 84601

This agency defends people charged with felony crimes. This agency also defends patients at civil commitment hearings.

Legal Center for People With Disabilities

1-800-662-9080

455 East 400 South, Suite 201
Salt Lake City, UT 84111

This agency has programs providing protection and advocacy services for people with mental illness, people who are developmentally disabled, and people who are clients or applicants of Vocational Rehabilitation. The Legal Center can assist you with issues pertaining to incidents of abuse or neglect in the hospital, in obtaining benefits to which you are entitled, and/or problems arising from your Vocational Rehabilitation program.

Salt Lake Legal Aid Society

328-8849

225 S. 200 E., #230
Salt Lake City, UT 84111

This agency provides domestic law aid; i.e., divorce, child custody, and immigration.

American Civil Liberties Union

533-8206

9 E. Exchange Place
Salt Lake City, UT 84111

This agency helps people in jail, prison, or hospitals regarding Bill of Rights discrimination cases.

**UTAH STATE HOSPITAL YOUR RIGHTS AS A
PATIENT IN A MENTAL HEALTH FACILITY
TREATMENT**

You have the right to:

- Treatment regardless of your age, religion, sex, ethnicity.
- To individualized treatment.
- Request the opinion of a consultant of your own choosing at your own expense.

- Meet with a member of the hospital clinical staff to discuss the contents of your medical records.
- Refuse student access to your medical records.
- Confidentiality which means that persons or agencies outside the Utah State Hospital cannot have access to your medical records without your permission.
- Be informed of and sign Informed Consent forms for participation in any:
 - * surgical and medical procedures
 - * unusual medication
 - * research projects
 - * videotaping, photographing or recording and
 - * procedures where consent is required by law.
- Be informed of the risks and benefits of all medication prescribed for you.
- Refuse medication treatment. However, if you refuse medication treatment, the Utah State Hospital has a responsibility to conduct a medication hearing to determine if you require medication as part of your treatment. If it is determined that you require medication as part of your treatment, the hospital may administer medication over your objection.
- Appropriate assessment and management of pain.
- Wear your own clothing, keep personal possessions, and keep a small amount of personal money.
- Be free from seclusion/restraint unless you are posing a danger to yourself or others and less restrictive safety measures are considered inadequate.
 - * if you are secluded or restrained a doctor will see you within one hour.
 - * a person in seclusion or restraints will be released at the earliest possible time.
 - * if you allow, we will call a family member if you are put into seclusion or restraints. You and your family will also have an opportunity to talk with the staff about what happened and what could be done to handle the situation in the future.

ETHICS AND RELIGION

You have the right to:

- Have your ethical concerns discussed by the Hospital Ethics Committee. You may have your concerns brought to the committee by submitting a Statement of Concern or telling the hospital patient advocate, a staff member, or contact a member of the Ethics Committee through your treatment team.
- Exercise your own religious beliefs and to participate in religious services at the hospital.

COMMUNICATION

You have the right to:

- Communicate, by sealed mail or otherwise, with persons, including official agencies inside and outside of the hospital.
- Access a telephone to conduct private conversations, within the guidelines of the unit or personal treatment plan.
- Exclude friends, family and others not officially connected with the hospital from participating in or having access to information regarding your treatment. (If you are 18 or older.)
- Receive or refuse visitors.

SUSPENSION OF RIGHTS

You have the right to be informed any time a right is suspended. Your rights may be suspended for the following reasons.

- It poses a danger to self or others
- It would seriously infringe on the rights of others.
- It would pose serious damage to the facility and/or
- It is deemed to be therapeutically contraindicated.

You may have the suspended right reviewed every 7 days.

LEGAL

You have the right to:

- Have your "rights" explained to you in a language you understand.
- Have an explanation of your admission status and access to the law which relates to your admission.
- Request release by writing to the court where you were first committed within 30 days of the original commitment date, if you were admitted under civil commitment.
- Legal counsel and an attorney of your own choice. If you cannot afford an attorney, legal service is provided through a contract patient attorney and/or through the Disability Law Center at 1-800-662-9080.
- File a writ of Habeas Corpus petition by writing to the district court of the area where you are being detained.
- Express a concern regarding your care to the patient advocate or hospital administration.
- Tell health care providers how you want to be cared for in case you are incapacitated by an illness. This is called a living will and is a legal written statement you make in advance in case of a serious medical emergency.
- Appoint someone to tell doctors what to do for you in case you become too physically ill to tell them yourself. This is called special power of attorney.
- Vote
- Dispose of your own personal property.

If you have any questions about your rights or feel your rights have been violated, you may speak with the Hospital Patient Advocate, Fred Collings, at extension 44240. You may initiate a suggestion and/or complaint and have it

reviewed and answered. Suggestion/complaint forms are available on each patient care unit.

ADULT SERVICES PATIENT POLICIES AND GUIDELINES

ABUSE/RESPECT

All people (staff, patients, family and community members) are treated with dignity, kindness and respect at all times. No physical abuse of self, others, or unit property will be tolerated. No threatening behavior or abusive language is allowed. If you witness abuse, report the incident to a staff member.

ADMISSION INVENTORY

At admission, each patient's personal belongings are inventoried and charted on a patient's belongings list. Valuables are placed in a secure area. Any items brought in after admission should also be inventoried on the patient's belongings list. If you want to be responsible for your valuables, you will be required to sign a "Valuable Sheet" stating you will be responsible for valuables not turned into the hospital for safekeeping. Also, no patient is allowed to have any form of ID. Patient ID will be kept in a secure area until discharge.

ATTIRE

You must be fully clothed while on the ward. Dress and appearance must be modest and clean. Attire considered inappropriate include: Tee shirts with derogatory, negative, sexual, or vulgar messages; spandex pants; halter or tank tops; tube tops; immodest shirts, blouses, skirts, or shorts; or clothing which reveals a bare midriff. Gang attire such as baggy pants, bandanas, etc. is not allowed. Clothing with holes or rips, frayed, torn, or unclean is not allowed. Shorts are allowed only if they appear well-kept and are not shorter than four inches above the knee while sitting. Standards for clothing for recreational activities needs to be appropriate for the activity. Appropriate sleepwear such as pajamas, nightgowns, or sweats should be worn to bed - it is not appropriate to wear street clothes to bed.

CLOTHING CENTER

The clothing center is available to you if you are in need of clothing or shoes. You can go to the clothing center when accompanied by a tech or staff member and pick out the needed articles of clothing. Patients must present a signed form authorizing them access to the clothing center. They have used clothing that is clean and sorted into sizes. Some new clothing and shoes are also available. The clothing center is usually open Monday, Fridays, and Saturdays at times announced that day.

CONSUMABLE ITEMS

Items that are brought in by visitors need to be limited to only those amounts that will be consumed during the visit. Open containers should not be brought in by visitors.

CONTRABAND

Drugs, alcoholic beverages, weapons, drug paraphernalia, etc. are not allowed on hospital grounds.

DRIVING

During the time you are hospitalized, (which includes time you are on a home visit) you are not permitted to drive. This is in accordance with state law and the Utah State Drivers License Division's policies and procedures. State law states, "if there is uncertainty about a person's ability to drive due to a physical, mental or emotional impairment, it is that persons responsibility to refrain from driving (Utah Code Annotated 1953: 41-2-201 and 41-2-202)."

FITNESS/EXERCISE

Adult Services wishes to encourage personal fitness and physical well-being, use of exercise equipment on Adult Services, and use of passes. You are encouraged to contact your recreational therapist to develop a program that you can follow while you are in this facility.

HAIRCUTS/BEAUTY SHOP

If you need a haircut, perm or coloring, please notify staff on your unit and they will setup an appointment. Patients must be cleared for on-grounds activities in order to go to the barber/beauty shop.

HEALTH/SANITATION

Good hygiene and sanitation are essential to provide a safe and healthy environment. To maintain such an environment, you are expected to:

- Bathe and brush your teeth daily.
- Keep your hair clean and groomed (beards included). You are expected to shampoo regularly.
- Keep your clothes clean, neat and mended.
- Wash your hands after using the rest room and before meals.
- Assure personal areas of your room are clean and orderly, including locker, dresser, and bed area.
- Bedding and linen must be changed once a week as per laundry schedule.
- Personal hygiene must be appropriate in order for you to participate in activities outside of the patient living area, (i.e. recreation, groups, passes, visits).

LAB WORK

Lab work is generally done in the early mornings. Most patients will have regular lab work. If lab work interferes with meal time, a meal will be provided for you on the unit.

LENDING/BORROWING

You are discouraged from borrowing, lending, selling, or giving away of property

to other patients unless this has been approved by your treatment team. You are not allowed to give staff any property or gifts. It has been the experience of the hospital that problems can arise when these guidelines are not followed closely. Theft will not be tolerated.

MEDICATIONS

It is the responsibility of each patient to be available to take medications which have been ordered by the doctor. The staff LPN or RN will administer medications to you.

MEDICATION HEARINGS

Anyone refusing medications will be allowed to talk to the treatment team and express their concerns. A medication hearing may be held to determine if medications are in your best interest. If it is found that taking your medications are in your best interest, you will be informed of their findings and medications will be administered with or without your consent.

MONEY POLICIES

You are encouraged to monitor your funds carefully and to be responsible for keeping track of your financial resources. Treatment team members will provide assistance in this area as needed.

The budgeting of money is deemed necessary for functioning outside of the hospital. Therefore, every effort will be made to approximate the conditions you will be faced with upon your return to the community. The following guidelines apply where money management is concerned:

- Withdrawals from your account need to be arranged for at least one day in advance (and at least by Thursday for money that will be required for the weekend). You can order money through the environmentalist.
- You should not carry more than seven dollars in cash on your person unless approved by your treatment team. Banking on a regular basis will help decrease potential theft problems.
- You can work on ward industrials to earn money/script. You can spend script at the canteen to buy drinks, food, etc.
- If you make purchases, you may be required to show receipts.

NON-VIOLENCE

Utah State Hospital is a psychiatric hospital whose mission is to provide excellent inpatient psychiatric care. As mental health care providers, our goal is to maintain a safe, non-violent environment where you can receive the best care possible.

Violence is not an acceptable method of expressing yourself and the staff will focus on helping you find other ways to express your feelings. Violence can be a frightening experience to you and to others. Therefore, Utah State Hospital has the expectation that you will not become violent during your stay in the hospital. If violence does occur, the staff is trained in the safest techniques possible to help that person so that all patients, staff, and visitors can be safe.

PASSES - TYPES

As you show increased responsibility, you may apply for a pass. The treatment team will take an active part in helping you to achieve (and apply for) the various levels of passes. Five passes are available to the patient.

White/Industrial - You may escort yourself to and from industrial assignments (or to various therapy appointments). Staff will call your destination to inform them that you have left the nurses' station. Staff at the destination will then contact the nurses' station to inform them that you have/have not arrived at the destination. The opposite of the above will pertain when you leave your destination to go back to the nurses' station.

Red Pass - You may be away from the living area, on hospital grounds, with a maximum of two other pass holders up to one hour. This pass is only to be used during daylight hours and staff on shift will determine the number of times the red pass can be used. A sign out document will be available from the nurses' station for their use in recording their activity.

Blue Pass - Blue pass holders may be away from the living area, on hospital grounds, without being escorted for a maximum of one hour at a time. This pass is to be used only during daylight hours. The staff on shift will determine the number of times the pass may be used on a shift-to-shift basis.

Green Pass - Green pass holders may be off hospital grounds for as long as twelve hours per day. This pass facilitates your being involved in activities in the community such as school, work, social or religious activities. In most cases, a green pass is approved by the treatment team on a day-to-day basis. For patients with a regular schedule (school/work), daily approval will usually not be necessary.

Orange Pass - Orange pass holders may be off unit but remain in the immediate vicinity of the building (i.e. ramp, lawn, etc.).

NOTE: You will be reminded that the use of any pass should be limited to those times when you are not scheduled for other activities or appointments. Also, all passes are contingent upon appropriate behavior and attire and is determined upon your behavior prior to requesting to use your pass. It will be the your responsibility to check in and out on pass at the nurses' station.

PATIENT REQUESTS

The meeting of your needs and treatment objectives is important. You are requested to help make your needs known by the use of written requests. The following outline is intended to assist you with understanding the process involved in making a request:

1. Obtain a patient request form from the nurses' station.
2. Complete the form (please print or write legibly) indicating the specifics of the request.
3. Return the completed request form to the nurses' station.
4. The request will be reviewed by the treatment team and you will be notified as soon as possible regarding the status of your request.

NOTE: If you are requesting a home or off grounds visit, you will usually need to allow three days for the request to be considered by the physician; therefore,

requests of this nature should be submitted well in advance of the visit. Other requests for passes, community visits, special shopping trips, or for special money requests may also require up to two days to process.

PATIENT RIGHTS

Fred Collings is the patient advocate and his office is in the administration building. His job involves meeting with you when you have questions or complaints. You can also complete a suggestion/concern form and deposit it in a suggestion/concern box. There is a suggestion/concern box on every treatment unit in the hospital. The items in the box are picked up weekly and read by a group of administrative staff. The concerns are sent to the appropriate staff to be answered and a response is then sent back to you.

PATIENT STATUS

The different levels are designed to allow you to receive increasing levels of freedom and responsibility while preparing for your return to the community. Your status will be assigned depending on your progress. The treatment team is responsible for making decisions on your status. They will review your and make any necessary changes on a daily basis during the work week. Any changes in your status will be explained. If at any time you are unsure of what your status may be, you will be able to learn this through contacting your treatment team.

POSSESSIONS/PERSONAL PROPERTY

Personal possessions should be kept in a locked locker at all times, this includes items such as toiletries, radios, valuables, and cash. Items such as those contained in aerosol cans, glass containers (or items that could be used for cutting), or items that contain alcohol are not permitted in the dressers or lockers and must be kept locked in your personal locker at the nurses' station (all such items should be turned in to the nurses' station).

PRN'S (means "as needed")

In the event that you need a medication on a one-time basis, your doctor may order a "prn" medication.

RADIOS

Listening to radios is part of leisure time enjoyment. When you listen to your radio, the use of headsets is encouraged. While listening to a radio without the use of headsets, it is encouraged to keep the volume down so others are not disturbed. Listening to radios is limited to those times when it will not interfere with other scheduled activities such as groups or other therapies.

The maintenance of your radio (including the obtaining of batteries for battery-operated appliances) will be your responsibility. All electrical devices need to be inspected by unit personnel before they are plugged into electrical outlets to assure that cords are not frayed or broken.

Identification of radios needs to be arranged, you should contact your treatment team for both inspection and identification of your personal radio. Your radio will

need to be logged in by hospital personnel as part of your personal property.

RELATIONSHIPS

Opportunities to develop meaningful relationships and social experience are healthy and are encouraged. Supervised dances, activities, and informal gatherings are supported and valued. We discourage the development of romantic associations while you are at USH. Sexual relationships between patients are prohibited.

RESPECT FOR PROPERTY/EQUIPMENT

The respect for personal and hospital property and equipment is important for the success of this program; therefore, the abuse of hospital property or the property of others will not be tolerated. You may be held responsible for any damage.

ROLL CALLS

On occasion (and for accountability purposes) roll calls are required. You are asked to cooperate so rolls can be taken as quickly as possible as not to be intrusive.

SECLUSION/RESTRAINT

It may be necessary at times to restrict a patient from the rest of the community or utilize measures that restrict their movement. This is known as seclusion or restraint. These interventions are only used for protection of self and others and never as a treatment intervention or punishment. They are carefully monitored by the hospital and only used as a last resort for safety reasons. You will be asked if we may contact your family if such an incident occurs. They will also be invited to participate in a debriefing soon after the incident to discuss the situation to help us and you find other ways to prevent these types of situations from occurring.

SEXUAL HARASSMENT

Federal and state guidelines prohibit sexual harassment of any kind. The following guidelines are extracted from published materials from the State of Utah:

- Sexual harassment is any interaction that is sexual in nature, that is repeated, unwanted, unsolicited, non-reciprocal, coercive, intimidating, or without mutuality.
- Sexually harassing behaviors can be identified in three categories:
- Visual: Constant leering, suggestive ogling, offensive signs and gestures, or open display of pornographic and other offensive materials.
- Verbal: Dirty jokes, sexual suggestions, highly personal innuendoes, and explicit proposition.
- Physical: "Accidentally" brushing up against the body, patting, squeezing, pinching, kissing, fondling, forced sexual assault, and/or rape.

If you have any concerns that you wish to discuss, you should talk with your treatment team.

SHARPS

A general rule is that glass, razors, and sharp items are locked up at the nurses' station and the use of these items must be supervised by staff or requested through the treatment team.

SMOKING

The hospital maintains (for everyone's health benefits) a smoke free living and working environment. The following rules and guidelines apply where smoking is concerned. Generally speaking it is recommended that you do not use tobacco products due to the many health problems associated with tobacco usage. Unless otherwise restricted by doctor's order or under the legal age for smoking, patients may purchase cigarettes.

- Smoking is limited to designated smoking areas only, and in all cases, smoking is not allowed in any public building or 25 feet from any door, window or intake vent.
- Care in disposing of smoking materials is appreciated. Everyone should use the receptacles that are provided. Disposing of smoking materials is considered to be a part of responsible behavior. It is expected that everyone will be mindful of the environment and the appearance of the grounds along with being considerate of others.
- The number of cigarettes you smoke is dependent upon your financial resources (the hospital does not supply smoking materials) and the arrangements made with your treatment team. It is inappropriate to borrow, lend, sell or share cigarettes.
- If you are approved to carry a lighter, the lighter must be turned in at the nurses' station.
- Chewing tobacco is not allowed on hospital grounds.

TELEPHONE

You have the right to conduct private telephone conversations with family and friends, unless clinically contra-indicated. Telephone calls may be made from the patient courtesy phone in your living area. Calls will not be supervised unless specified by doctor's order. Abusive language is not permitted and will result in termination of the call. Calls may be made between 9:00 a.m. and 10:00 p.m. Individuals are encouraged to limit the length of their phone calls to 15 minutes. This allows others to have access to the phone and frees the phone up for incoming calls.

TRANSPORTATION

State law prohibits the transporting of patients in other than state owned motor vehicles. While you are a passenger in a state vehicle, you must wear a seat belt. Smoking in a state vehicle is prohibited by the Clean Air Act. You should cooperate with the driver of the vehicle and comply with the directions that he or

she may give.

VISITS

Visits by family members and significant others are encouraged. You should remind your visitors of the need to comply with the above listed rules and guidelines. A list of rules and guidelines for visitors is available through Adult Services. Visitors should be cautioned to secure valuable items including purses in their car. Visitors need also comply with the requirement to visit you only in the authorized visiting areas. Visitors are not allowed in the patient living area unless otherwise directed by charge nurse. Church volunteers fall into the same category as visitors and should conduct their visits in the approved visiting areas. Supervised visits may be time limited.

Off ward visits need to be cleared with the treatment team prior to the arrival of the visitor. You should submit a request or have the visitor call the treatment team to arrange for a visit. Plans for an overnight visit away from the hospital need to be cleared well in advance (at least three days) so that arrangements for medication can be made and medical clearance for the visit can be obtained.

ADULT SERVICES GUIDE FOR VISITORS

We ask all visitors on Adult Services, to be aware of the following guidelines for the safety and well-being of patients in this area. These rules are intended to serve as a general guideline. Some patients may have different rules if deemed necessary by their treatment team.

1. Visiting hours is between the hours of 9:00 a.m. and 9:00 p.m. It is however, advised that visitors call prior to leaving for their visit as you may be in therapy groups or on activities and thus you may not be immediately available at the time they arrive.
2. If a visitor plans to bring food or drink for you, the amount needs to be limited to that which can be consumed during the time of the visit as there is no space available for storage of individual drink/food items. Any amount not consumed should be taken with the visitor when he/she leaves.
3. Any containers, whether holding food, drink, cosmetics, etc., brought onto the unit should be soft, or pliable plastic as glass and hard plastic can be potentially dangerous to some patients. In addition, visitors should not give you sharp objects, i.e., scissors, nail clippers, razors, pens, bobbie pins or pierced earrings.
4. Money being given to you must be turned into the switchboard operator (Heninger Building) if it is in excess of five dollars. The switchboard operator will provide a receipt for the amount given and the money will be deposited in your account. This is done to help assure the money is kept safe. If any money is given to you, the unit staff should be notified by the visitor before the money is given to you
5. Visits on the unit must be confined to designated areas in order to protect the privacy of other patients and insure safety of visits. **These visits should only take place in the visitor's room or in a conference room if the visitor's room is full unless otherwise directed by**

charge nurse. Visitors are to remain in the visiting area and are not to be in the patient living area. If visiting between 9:00 a.m. and 4:30 p.m Monday through Friday, visitors should enter through the main entrance and stop at the receptionist window. She will contact staff on your unit to announce your visitor. If visiting after 4:30 p.m. during the week or on holidays and weekends, visitors should go to the door immediately to the north or the south of the main entrance and push the intercom button to the appropriate unit to contact staff.

6. If visitors plan to bring small children or large groups (more than four persons), visitors should clear this with your treatment team prior to leaving home to see if these visits can be safely accommodated. If approved, the children must remain under parental supervision at all times and in the designated area.
7. Even though a visit has been cleared ahead of time, there may be an occasion in which you are not stable enough for a visit by the time the visitor arrives at the hospital. Final clearance must take place by having the visitor check in at the switchboard in the administration building before the visitor can go to the unit.
8. All off unit visits must be cleared by the treatment team prior to the time of the visit. Generally a two day notice is required to allow the treatment team time to approve the visit and make necessary arrangements. While a patient at Utah State Hospital, you are not allowed to drive, consume alcohol or use street drugs.
9. If a visit involves off unit or off ground locations, your visitor must accompany you at all times while off the unit and escort you back to the unit.
10. Visitors are not to bring purses, packages, or valuable items into the building while visiting without the approval of the staff on shift. Unless such items are for the patient, they are to be locked in the visitor's car or secured in a locker in the lobby of the Rampton Building.

Adult Services Family Orientation Introduction

This packet was developed to help you better understand the Utah State Hospital and the Adult Services area where your loved one is receiving care. We understand that those who are a support system to the patients we serve play a vital part in helping them to be successful. We want to work in partnership with you in assisting your loved one to progress, develop skills, and become as independent as possible. We welcome your input, participation, and feedback concerning the care being provided. We look forward to our association with you and with your loved one and we will strive to provide excellent care that recognizes the individuality and dignity of each person we work with.

The Adult Services program is located in the Lucy Beth Rampton Building, which was opened in November of 1994. It houses 120 adult psychiatric patients along with the accompanying treatment staff. The facility is divided into four treatment wings which are identified by their location: Northeast, Northwest, Southeast and Southwest. Each wing provides care for 30 patients. There are two single rooms and 14 double rooms per wing. Each area also has several areas for the

patients' use including a large outside courtyard, a group room, a visiting room, a kitchen, a conference room, a craft room, two large day rooms equipped with TVs and stereos, a phone room, an exam room, an interview room, etc. The building features wide halls with large sky lights which provides a bright and open atmosphere which lends itself well to appropriate supervision.

Each patient's treatment is directed by a clinical team. These teams are made up of a psychiatrist, social workers, recreational therapists, registered nurses, licensed practical nurses and psychiatric technicians. These teams are charged with the task of working with the patient in developing and carrying out a treatment plan that meets the individual needs of each patient. Administrative support to these teams is provided by an administrative/program director and a supervising nurse. Several consultative services are provided including medical care, psychological services, occupational therapy, vocational rehabilitation, etc. Adult Services works to carry out the mission of the Utah State Hospital, which is **to provide excellent inpatient psychiatric care**. We achieve this as we work toward our goal of providing a safe and healing environment in which all people are treated with dignity and respect. Our purpose is to assist patients to reach their potential through individualized treatment with an aim toward their return to the community. We place high value on meeting each patient's needs in a humanistic, caring, and professional way.

___ Mike Fullmer, RN
Administrative Director, Northwest

Paul Cloward, MTRS
Administrative Director, Southeast

Chris Michalek, LCSW
Administrative Director, Northeast

Gary Helmer, LCSW
Administrative Director, Southwest

Updated 5/11/04

MISSION STATEMENT

Our mission is to provide excellent inpatient psychiatric care.

GOAL STATEMENT

The goal of Adult Services is to provide a safe and healing environment in which all people are treated with dignity and respect. Our purpose is to assist patients to reach their potential, through individualized treatment with an aim toward their return to the community. We will work as a unified body seeking the assistance of patients, families, and the community in achieving these goals.

GUIDING PRINCIPLES

- Our central purpose is to assist patients to successfully refine those life skills essential to their satisfactory integration into their community.
- Patients are to be involved, as much as they are capable, in developing and implementing their treatment plan. We treat each patient as an individual, structuring activities and treatment interventions to the

person's specific needs.

- All people (staff, patients, family, and community members) are treated with dignity, kindness, and respect at all times.
- Safety is the responsibility of each individual. We all take it upon ourselves to observe our environment and those around us to enable us to intervene early, thus avoiding dangerous situations.
- We are committed to the concept of lateral service in which all staff pitch in together to maintain a clean environment and quality treatment programs.
- We believe that a "healing environment" is achieved as people feel safe, accepted, and have a therapeutic relationship with those providing care. Each staff member takes personal responsibility to create a healing environment in Adult Services.
- Adult Services works in partnership with patient support systems and the community mental health centers to assist patients to achieve their potential, thus attaining a continuity of care between hospital and community-based treatment.
- Staff will be encouraged and recognized for improving their competency, upgrading their skills and for utilizing them to benefit Adult Services.
- Adult Services is committed to have a staff that is knowledgeable and understands how to provide care effectively. This is achieved as all staff are current with their mandatory training and as they attend quality inservices.
- Adult Services values honesty and personal integrity in patients and staff.

PATIENT POLICIES AND GUIDELINES

DRIVING

During the time a patient is hospitalized hospitalized, (which includes time the patient is on a home visit) he/she should not be allowed to drive. This is in accordance with state law and the Utah State Drivers License Division's policies and procedures. State law states, "if there is uncertainty about a person's ability to drive due to a physical, mental or emotional impairment, it is that persons responsibility to refrain from driving (Utah Code Annotated 1953: 41-2-201 and 41-2-202)."

MEDICATIONS

Great progress has been made over the past 30 to 40 years in the use of medications to treat mental illness. The total number of people requiring hospitalization for mental illnesses has decreased dramatically as effective drugs have been developed to treat these illnesses, and the length of hospitalizations has been reduced significantly for those who need to be hospitalized.

A reoccurring problem we see with individuals who have to come to the hospital for treatment is a lack of compliance with medication treatment. Frequently, patients are stabilized on medications and are released from inpatient treatment. They then decide that they are doing well enough to go off of the medications which leads to a relapse in their mental illness. The relapse leads to the

individual being hospitalized again. Generally, medications prescribed to treat mental illnesses help to control or manage the symptoms of the illness, but do not “cure” the illness. Therefore, it is essential that individuals taking medication for mental illness work closely with their doctor in managing their medications. They should not adjust the dosage or discontinue medications without first checking with their doctor. You can play a large role in helping your loved one to continue to function well by encouraging him/her to take their medications properly.

Some patients may experience side effects from the medications they take for their illnesses. It is important to report any of these side effects to their treating physician. Many of these side effects can be relieved through additional treatment or the doctor can make changes in the medications prescribed to relieve the problem.

By taking medications properly, the prognosis for an improved quality of life for your loved one will be maximized. Your support in this area can make a big difference in how well he/she does in managing the illness. The following are some rules for taking medications properly that might help you in working with and helping your loved one:

- Medications should be taken as prescribed. Never adjust the dose or time without the doctor's permission.
- Never stop taking medication without the doctor's permission even if the patient feels better.
- If a dose is missed, never double the dosage when the next dose is due unless the doctor gives permission.
- Never drink alcohol or take illegal drugs.
- Never take any new medications without talking with the doctor. This includes over-the-counter medications.
- Understand the prescription - ask the doctor any questions about the medications. Find out about any special precautions or side effects.
- Notify the doctor if side effects occur.
- Notify the doctor if there is a change in any physical condition, especially if one becomes pregnant.

MEDICATION HEARINGS

If the patient is refusing medications, he/she will be allowed to talk to the treatment team and express any concerns. A medication hearing will be held to determine if medications are in their best interest. The Utah State Hospital conducts medication hearings to primarily comply with two US Supreme Court rulings, which state patients have the right to due process before being administered medications against their will. If it is found that taking medications are in their best interest, they will be informed of the findings and medications will be administered with or without their consent.

NON-VIOLENCE

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a safe, non-violent environment where patients can receive the best care possible.

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If violence does occur, the staff is trained in the safest techniques possible to help that person so that all patients, staff, and visitors can be safe.

PASSES - TYPES

As patients show increased responsibility, they will be encouraged to apply for a pass. The treatment team will take an active part in helping them to achieve (and apply for) the various levels of passes. Five passes are available:

White/Industrial - Patients may escort themselves to and from industrial assignments (or to various therapy appointments). Staff will call their destination to inform them that the patient has left the nurses' station. Staff at the destination will then contact the nurses' station to inform them that the patient has/has not arrived at their destination. The same type of procedure will pertain when they leave the destination to return to the nurses' station.

Red Pass - Patients may be away from the living area, on hospital grounds, with a maximum of two other patients for up to one hour. This pass can only be used during daylight hours and staff determine the number of times that the red pass can be used during any shift.

Blue Pass - Patients may be away from their living area, on hospital grounds, without being escorted for a maximum of one hour at a time. The unit treatment team will determine the number of times the pass may be used.

Green Pass - Patients may be off hospital grounds for as long as twelve hours per day. This pass facilitates their involvement in community activities such as school, work, social or religious activities. In most cases, a green pass is approved by the treatment team on a day-to-day basis. For patients with a regular schedule (such as school or work), daily approval will usually not be necessary.

Orange Pass - Patients may be off the unit but remain in the immediate vicinity of the building (i.e. ramp, lawn, etc.).

NOTE: Patients will be reminded that the use of any pass should be limited to those times when they are not scheduled for other activities or appointments. Also, all passes are contingent upon appropriate behavior and attire and is contingent on their behavior prior to requesting to use their pass. It will be their responsibility to check in and out on their pass at the nurses' station.

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2. Complete the form (please print or write legibly) indicating the specifics of the request.
3. Return the completed request form to the nurses' station.
4. The request will be reviewed by the treatment team and they will be notified as soon as possible regarding the status of their request.

NOTE: If they are requesting a home or off grounds visit, they will usually need to allow three days for the request to be considered by the physician; therefore, requests of this nature should be submitted well in advance of the visit. Other requests for passes, community visits, special shopping trips, or for special money requests may also require up to two days to process.

POSSESSIONS/PERSONAL PROPERTY

Patients are allowed to keep personal property with them on the unit. They are encouraged to keep personal possessions in a locked locker to prevent theft. Personal items that may be kept include toiletries, radios, valuables, clothing, and cash. Items such as those contained in aerosol cans, glass containers (or items that could be used for cutting), or items that contain alcohol are not permitted in the dressers or lockers and must be kept locked in their personal locker at the nurses' station (all such items should be turned in to the nurses' station).

TELEPHONE

Patients have the right to conduct private telephone conversations with family and friends, unless clinically contra-indicated. Telephone calls may be made from the pay phone in their living area. Calls will not be supervised unless specified by doctor's order. Abusive language is not permitted and may result in termination of the call. Calls may be made between 9:00 a.m. and 10:00 p.m. Individuals are encouraged to limit the length of their phone calls to 15 minutes. This allows others to have access to the phone and frees the phone up for incoming calls.

VISITS

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medication can be made and medical clearance for the visit can be obtained.

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2. If a visitor plans to bring food or drink to the patient, the amount needs to be limited to that which can be consumed during the time of the visit as there is no space available for storage of individual drink/food items. Any amount not consumed should be taken with the visitor when he/she leaves.
3. Any containers, whether holding food, drink, cosmetics, etc., brought onto the unit should be soft, or pliable plastic as glass and hard plastic can be potentially dangerous to some patients. In addition, visitors should not give you sharp objects, i.e., scissors, nail clippers, razors, pens, bobbie pins or pierced earrings.
4. Money that is brought for a patient is to be turned into the switchboard operator if it is in excess of five dollars. The switchboard operator will provide a receipt for the amount given and the money will be deposited in the patient's account. This is done to help assure the money is kept safe. If a sum of money of five dollars or less is given to the patient, the unit staff should be notified by the visitor before the money is given to the patient.
5. Visits on the unit must be confined to designated areas in order to protect the privacy of other patients and insure safety of visits. **These visits should only take place in the visitor's room or in a conference room if the visitor's room is full unless otherwise directed by charge nurse. Visitors are to remain in the visiting area and are not to be in the patient living area.** If visiting between 9:00 a.m. and 4:30 p.m Monday through Friday, visitors should enter through the main entrance and stop at the receptionist window. She will contact staff on the unit to announce the arrival of the visitor. If visiting after 4:30 p.m. during the week or on holidays and weekends, visitors should go to the door immediately to the north or the south of the main entrance and push the intercom button to the appropriate unit to contact staff.
6. If visitors plan to bring small children or large groups (more than four persons), visitors should clear this with the patient's treatment team prior to leaving home to see if these visits can be safely accommodated. If approved, the children must remain under parental supervision at all times and in the designated area.
7. Even though a visit has been cleared ahead of time, there may be an occasion in which a patient is not stable enough for a visit by the time

the visitor arrives at the hospital. Final clearance must take place by having the visitor check in at the switchboard in the administration building before the visitor can go to the unit.

8. All off unit visits must be cleared by the treatment team prior to the time of the visit. Generally a two day notice is required to allow the treatment team time to approve the visit and make necessary arrangements. While a patient at Utah State Hospital, a patient is not allowed to drive.
9. If a visit involves off unit or off ground locations, your visitor must accompany the patient at all times while off the unit and escort the patient back to the unit.
10. Visitors are not to bring purses, packages, or valuable items into the building while visiting without the approval of the staff on shift. Unless such items are for the patient, they are to be locked in the visitor's car.

PATIENT RIGHTS

TREATMENT

A patient has the right to:

- Treatment regardless of their age, religion, sex, ethnicity.
- To individualized treatment.
- /Request the opinion of a consultant of their own choosing at their own expense.
- Meet with a member of the hospital clinical staff to discuss the contents of their medical records.
- Refuse student access to their medical records.
- Confidentiality which means that persons or agencies outside the Utah State Hospital cannot have access to their medical records without their permission.
- Be informed of and sign informed consent forms for participation in any:
 - * surgical and medical procedures
 - * unusual medication
 - * research projects
 - * videotaping, photographing or recording and
 - * procedures where consent is required by law.
- Be informed of the risks and benefits of all medication prescribed for them.
- Refuse medication treatment, however, if they refuse medication treatment, the Utah State Hospital has a responsibility to conduct a medication hearing to determine if they require medication as part of their treatment. If it is determined that they require medication as part of their treatment, the hospital may administer medication over their objection.
- Appropriate assessment and management of pain.
- Wear their own clothing, keep personal possessions, and keep a small amount of personal money.
- Be free from seclusion/restraint unless they are posing a danger to self or others and less restrictive safety measures are considered inadequate.

- * if they are secluded or restrained a doctor will see them within one hour.
- * a person in seclusion or restraints will be released at the earliest possible time.
- * if the patient allows, we will call a family member if they are put into seclusion or restraints. The patient and their family will also have an opportunity to talk with the staff about what happened and what can be done to handle the situation in the future.

ETHICS AND RELIGION

A patient has the right to:

- Have their ethical concerns discussed by the Hospital Ethics Committee. They may have their concerns brought to the committee by submitting a Statement of Concern or telling the hospital patient advocate, a staff member, or contact a member of the Ethics Committee through their treatment team.
- Exercise their own religious beliefs and to participate in religious services at the hospital.

COMMUNICATION

A patient has the right to:

- Communicate, by sealed mail or otherwise, with persons, including official agencies inside and outside of the hospital.
- Access a telephone to conduct private conversations, within the guidelines of the unit or personal treatment plan.
- Exclude friends, family and others not officially connected with the hospital from participating in or having access to information regarding their treatment. (If you are 18 or older.)
- Receive or refuse visitors.

SUSPENSION OF RIGHTS

A patient has the right to be informed any time a right is suspended. Their rights may be suspended for the following reasons:

- It poses a danger to self or others
- It would seriously infringe on the rights of others.
- It would pose serious damage to the facility and/or
- It is deemed to be therapeutically contraindicated.

They may have the suspended right reviewed every 7 days.

LEGAL

A patient has the right to:

- Have their "rights" explained to them in a language they understand.
- Have an explanation of their admission status and access to the law which relates to their admission.
- Request release by writing to the court where they were first committed

within 30 days of the original commitment date, if they were admitted under civil commitment.

- Legal counsel and an attorney of their own choice. If they cannot afford an attorney, legal service is provided through a contract patient attorney and/or through the Disability Law Center at 1-800-662-9080.
- File a writ of Habeas Corpus petition by writing to the district court of the area where they are being detained.
- Express a concern regarding their care to the patient advocate or hospital administration.
- Tell health care providers how they want to be cared for in case they are incapacitated by an illness. This is called a living will and is a legal written statement they make in advance in case of a serious medical emergency.
- Appoint someone to tell doctors what to do for them in case they become too physically ill to tell them themselves. This is called special power of attorney.
- Vote
- Dispose of their own personal property.

If they have any questions about their rights or feel their rights have been violated, they may speak with the Hospital Patient Advocate, Fred Collings, at extension 44240. They may initiate a suggestion and/or complaint and have it reviewed and answered. Suggestion/complaint forms are available on each patient care unit.

UTAH STATE HOSPITAL SERVICES AVAILABLE TO PATIENTS

Fred Collings, Hospital Patient Advocate

Extension 44240

Fred is available to discuss patient concerns.

Hospital Chaplain

Extension 44707

The chaplain is available to discuss religious issues and to direct you to the clergy of your choice.

Contract Patient Attorney

This attorney is available to discuss patient concerns. Appointments are made through the USH Patient Advocate.

Utah Legal Services

374-6766

455 N. University

Suite #100

Provo, UT 84601

This agency generally helps low income people with divorce, child custody, public benefits, and collections.

Utah County Public Defender

379-2570

43 E. 200 N.

Provo, UT 84601

This agency defends people charged with felony crimes. This agency also defends patients at civil commitment hearings.

Legal Center for People With Disabilities

1-800-662-9080

455 East 400 South, Suite 201

Salt Lake City, UT 84111

This agency has programs providing protection and advocacy services for people with mental illness, people who are developmentally disabled, and people who are clients or applicants of Vocational Rehabilitation. The Legal Center can assist you with issues pertaining to incidents of abuse or neglect in the hospital, in obtaining benefits to which you are entitled, and/or problems arising from your Vocational Rehabilitation program.

Salt Lake Legal Aid Society

328-8849

225 S. 200 E., #230

Salt Lake City, UT 84111

This agency provides domestic law aid; i.e., divorce, child custody, and immigration.

American Civil Liberties Union

533-8206

9 E. Exchange Place

Salt Lake City, UT 84111

This agency helps people in jail, prison, or hospitals regarding Bill of Rights discrimination cases.

COURT COMMITMENT PROCESS

Patients in treatment in the Adult Services area are admitted to the hospital in one of two ways. Either they enter the hospital on a voluntary basis or they are court committed and are required to be in treatment as a result of the court commitment. The large majority of people in treatment at the Utah State Hospital are here under a court commitment. A commitment ordering an individual into treatment assigns the individual to the care of a "local mental health authority." These local mental health authorities are the organizations that provide public mental health treatment in the various communities throughout the state. Each of the local mental health authorities has an assigned number of beds that they can use for the patients in their care who require a higher level of structured care than can be provided in a community setting.

In order for an individual to be committed for treatment in the adult portion of the mental health system, the person must be 18-years-old and meet the following criteria:

1. The individual must have a mental illness.
2. As a result of the mental illness the individual must pose an immediate danger of physical injury to others or to himself. This danger may include the inability to provide the basic necessities of life such as food, clothing, and shelter, if the person is allowed to remain at liberty.

3. The individual must lack the ability to engage in a rational decision-making process regarding the acceptance of mental health treatment. This is demonstrated by evidence that the individual does not have the ability to weigh the possible costs and benefits of treatment.
4. There must not be an appropriate less-restrictive alternative to a court order of commitment.
5. The local mental health authority must be able to provide the individual with treatment that is adequate and appropriate to his conditions and needs.

In the commitment process, the individual being considered for commitment will be interviewed by two court appointed examiners who are trained mental health professionals. These individuals will report their opinion as to whether or not the individual meets the criteria outlined above. During the hearing process, an attorney will be present to represent the proposed patient's interests and a member of the County Attorney's office will represent the interests of the state.

The length of a commitment is set by the court. Generally, the length of a commitment does not exceed six months without the benefit of a review hearing. If a person is committed by a court, but believes that a mistake was made in the findings, conclusions, or orders made by the court, the person has the right to file a petition for a new hearing. This petition must be filed within 30 days of the entry of the court order and it must allege error or mistake in the court's findings.

DESCRIPTION OF DISCIPLINES

Patients at the Utah State Hospital are treated by a team of mental health professionals. These teams are made up of people from various mental health disciplines. The following is a description of the disciplines represented in each patient's treatment team.

PSYCHIATRIST

Psychiatrists serve as the Clinical Directors over their respective units. These physicians are board eligible or board certified in Psychiatry. As Clinical Directors, psychiatrists are responsible to admit patients, determine diagnoses, and direct the development of treatment plans for each of the patients on the unit. They serve as the clinical treatment team leaders and direct the staff in the process of providing complete mental health care to the patients assigned to the unit. Psychiatrists are also responsible for determining the medication needs of patients and prescribing appropriate psychoactive medication intervention. As attending physicians, they are also appraised of and help monitor other medical concerns of each patient. In Adult Services, one psychiatrist is assigned to each treatment unit.

MEDICAL SERVICES

The medical needs of the patients cared for at the Utah State Hospital are met by a team of competent medical professionals. Upon admission, each patient receives a physical examination to assess their medical condition. Each shift has at least one registered nurse (RN) assigned to be with the patients on the unit. This individual(s) is responsible to assess any medical needs that might arise. The RN will provide care for any conditions that fall within his/her scope of practice. If concerns are identified that require more complex care, the nurse practitioner or the medical doctor is notified and provides the needed care. Conditions that require additional attention are referred to consulting medical services that are contracted from outside of USH. A patient may be treated at one of the local medical hospitals if circumstances warrant such a placement.

NURSING

The nursing discipline is made up of registered nurses, licensed practical nurses, and psychiatric technicians. The major goal of the nursing discipline is to provide quality patient care. The nursing discipline provides 24 hour a day patient care. They assist, teach, and coach patients in skills that will help them be as independent and functional as possible with their illness. The RN develops a nursing treatment plan for each patient. He/she is responsible to make sure this plan is followed and is effective. The RN supervises both LPN's and psych techs. All nursing staff monitor the patient's well-being and gives input into the treatment plan.

PSYCHOLOGY

Psychological Services, which are provided by Ph.D. level psychologists, are

aimed at providing in-depth diagnostic information and advanced therapeutic interventions. Psychological testing is administered to provide an objective understanding of a patient's personality, cognitive abilities, intellectual abilities, and neuropsychological functioning. Consultative services are available to setup personalized behavioral interventions with patients. Additionally, advanced psychotherapeutic treatments can be provided, including biofeedback and neurofeedback.

SOCIAL WORK

Social Work Services believes in the importance of attention to the psychosocial needs of patients and their families, and in the evaluation and treatment of crisis and disability resulting from the emotional, social, and economic stresses of illness. Social Workers are assigned to treatment teams, with the Clinical Director, Administrative Director, and Director of Social Work Services having responsibility for the supervision and direction of each social worker. The social worker joins with other team members in clinical staffings and other treatment-focused meetings and contributes his/her unique skills in the formation and implementation of treatment plans.

THERAPEUTIC RECREATION

The Recreation Therapist offers broad, comprehensive, and flexible programs to fit individual needs of patients and to meet their treatment plan goals. The overall purpose of this service is to assist patients to overcome problems through a therapeutic recreation approach and to facilitate the development, maintenance, and expression of an appropriate leisure lifestyle for individuals with physical, mental, emotional, or social limitations. This purpose is accomplished through the provision of professional programs and services which assist the patient in eliminating barriers to developing leisure skills and attitudes, and optimizing leisure involvement. The discipline believes that leisure, including recreation and play, are inherent aspects of the human experience. Leisure involvement has great value in human development, in social and family relationships, and in general, adds to the quality of one's life. Some human beings have disabilities, illnesses, or social conditions which limit their full participation in the narrative social structure of society. These individuals with limitations have the same human rights to, and needs for, leisure involvement.

INDIVIDUAL COMPREHENSIVE TREATMENT PLAN (ICTP)

An individualized comprehensive treatment plan (ICTP) is developed for each patient at the Utah State Hospital. The ICTP directs the process of providing treatment to the patients. This plan is developed through the joint efforts of the various members of the treatment team. The patient is also involved in developing his/her treatment plan at whatever level he/she is capable of participating. In developing the ICTP, the patient's presenting problems, physical health, emotional status, and behavioral status are considered. The treatment plan contains specific goals designed to assist the patient to achieve maximum growth and adaptive capabilities. The treatment plan focuses on using the patient's strengths to help him/her to achieve the treatment goals. The treatment

plan describes the services, activities, and programs planned for the patient, and identifies which staff members are assigned to work with the patient with each intervention. The treatment plan also delineates specific criteria to be met for discharge. Each patient's ICTP is reviewed and updated in multidisciplinary clinical staff conferences every thirty days to determine adequacy of the plan and to make any needed changes. With the consent of the patient, family members are welcome to participate in the treatment planning process.

PROGRAMMING

PROGRAMMING PHILOSOPHY

The goal in therapeutic programming for Adult Services is to provide patients with an individualized treatment plan that meets their specific needs and utilizes their unique strengths. Traditional modalities such as medication and psychotherapy (individual, group, and family) augmented by education and skill training will assist patients in developing independence and responsibility. Current trends include movement from unit approach toward a multidisciplinary small team approach and an expansion from insight oriented interventions to include more patient and family psycho education.

FAMILY SUPPORT

Families can significantly improve the impact of hospital care on patients by supporting and participating in therapeutic processes. Professionals have known for many years that family involvement positively affects patient improvement and adjustment.

Families can assist the treatment team by encouraging their loved ones to participate in all aspects of hospital programming, cooperating with medications prescribed by psychiatrists, actively engaging in group psychotherapy, and participating in psycho education groups that teach specific skill development. Family members are invited to communicate frequently with hospital staff about patient progress and share their suggestions. Visits to the hospital will allow family contact on the unit, on hospital grounds, off hospital grounds, or overnight based upon patient ability and progress. Training programs for families are offered through "Family Days" (2 or 3 times each year) and "Consumer Family Psycho Education" which is periodically scheduled throughout the year (12 evening sessions once each week). These programs assist families in understanding mental illness and form alliances in utilizing available resources to meet the specific needs of patients.

All patients meet with their treatment team every ninety days to develop an individualized treatment plan that meets their specific therapeutic needs and utilizes their unique strengths. Families can be a part of this process by talking with the social worker who will pass on information to the treatment team.

Treatment plans are reviewed every 30 days by the treatment team.

ADULT EDUCATION

Educational opportunities are made available to adult patients who are 18 years of age or older. Those patients who have not yet graduated from high school are provided with the opportunity to attend school programs, wherein, they may earn

a high school diploma or a General Education Development (GED) certificate. Other informal educational opportunities are made available to those adult patients who simply desire to improve their academic skills regardless of whether or not they already have a high school diploma.

The clinical personnel on Adult Services may refer any of their adult patients for academic evaluation and/or screening for school services by contacting Dr. Sam Roberts (ext. 44515) or Ted Henderson (ext. 44512) at the Youth Center.

OCCUPATIONAL THERAPY

The Occupational Therapy staff at Utah State Hospital offer activities that assist an individual to regain, develop, and improve upon functional skills needed for the highest level of independent living in the community while bringing as much satisfaction and happiness to a person's life. Many areas of concern may be with money and time management, social skills, ability to work and play cooperatively with others, pre-vocational skills, hygiene/grooming, care of living space and personal items, nutrition and cooking. Individual consultation for specific psychiatric or physical disability needs is also provided upon referral from the physician. All patients referred to Occupational Therapy receive a functional assessment.

Programs that are offered are through the OT Shop, the cognitive Remediation Program, the two OT Skills Centers, one on LHU and one on Forensic.

THERAPEUTIC RECREATION THERAPY

The Recreation Therapist functions as part of the interdisciplinary team with the responsibility of assessing each patient as to his/her recreation/leisure needs, interests and skills. The Recreation Therapist then makes recommendations which addresses those needs, interests, and skills in setting up a TR program to aid in the therapy of each patient. This program should help prepare the patient for release, improve his or her quality of life while a patient at the USH, and prepares the patient to function more appropriately when they are placed back into a community setting.

VOCATIONAL REHABILITATION

An individual with mental illness has as much right as any other handicapped individual to be counseled, trained, and given the opportunity to compete in the world of work. It has been proven time and time again that work is as therapeutic, if not more therapeutic, as other areas of treatment. Our major goal at USH is to give patients every chance to learn, work, grow in confidence, and live as independently as possible in the least restrictive environment. Our thrust is in helping people to help themselves become as vocationally, socially, and economically independent as possible without constructing overprotection.

The vocational program of USH provides assessment, vocational evaluation, counseling, consultation, industrial therapy, job training, on-the-job evaluation, jobs within the hospital setting, and supported work in the community. Training and work assignments are designed to provide therapeutic benefit to the patients and help them develop work habits and attitudes, self-confidence, skills in

dealing with peers and supervisors, and other work skills necessary to succeed in further vocational training or jobs in the community as they leave the hospital setting.

SUPPORT GROUPS/RESOURCES

A central piece of the public mental health system in the state of Utah are the community mental health centers. These local mental health centers are charged with meeting the mental health needs of those suffering from mental illness within their communities. In Utah there are 11 community mental health centers organized to meet the needs of the mentally ill throughout the state. These centers are as follows:

<u>Mental Health Center</u>	<u>Counties Served</u>
Valley Mental Health 581-2137	Salt Lake County
Wasatch Mental Health 342-4285	Utah and Wasatch Counties
Weber Mental Health 625-3700	Weber and Morgan Counties
Southwest Utah Mental Health Garfield, and Kane St. George 634-5632, Cedar City 586-8226	Washington, Iron, Beaver, Counties
Bear River Mental Health Counties Logan 753-9046	Box Elder, Cache, and Rich
Central Utah Mental Health Millard, and Mt Pleasant 462-2421, Delta 864-3073, Richfield 896-8236	Sanpete, Sevier, Piute, Wayne, Juab Counties
Four Corners Mental Health Counties Moab 259-6131, Price 637-2358	Emery, Grand, and Carbon
San Juan Mental Health 678-2992	San Juan County
Tooele Mental Health 833-7370	Tooele County
Northeastern Mental Health Counties Vernal 789-6300	Duschene, Uintah, and Daggett
Davis Mental Health	Davis County

776-3147

Statewide oversight of the mental health system is provided by the Utah State Division of Mental Health. Division personnel can provide information about state mental health programs and could provide information about local mental health agencies. The Division office can be reached by calling (801) 538-4270.

The mental health center in your area is available to assist you and your loved one in your needs related to mental health treatment. The phone number for your center can be accessed through your local phone book.

Another reference for community resources available in your community can be found in the "Easy Reference Guide" section of your local phone book. There is a "Community Resource" page in the guide listing agencies that assist with things such as physical abuse, substance abuse, counseling, employment, parenting, financial assistance, food assistance, housing, legal assistance, etc. The local United Way organization can also assist individuals to hookup with agencies that address specific needs who receive United Way sponsorship.

An organization that focuses specifically on the needs of the mentally ill and their families is the Utah Alliance for the Mentally Ill (UAMI). This organization is made up of family members and friends of people who are mentally ill. It focuses on providing support to these family members and is active in addressing political issues related to the treatment and care of the mentally ill. You can contact representatives of this organization by calling (801) 584-2023.

There are several resources available at the Utah State Hospital to allow for your needs or concerns to be addressed. Generally the most direct way to address issues you might have would be through the treatment team who is providing care for your loved one. You can access this group by contacting the patient's social worker and letting him/her know of your needs. Each treatment area has an administrative director assigned to it. If you are not able to resolve concerns with the treatment team or if you have an issue that is not treatment related, the Administrative Director may be able to assist you. The hospital-wide administrative staff can also serve as a resource in resolving concerns that have not been resolved at other levels.

The hospital has established an Ethics Committee to address various ethical issues that arise. It is this committee's responsibility to see that basic ethical standards are met at the hospital. If you have concerns that ethical standards are being violated, you would be welcome to address those concerns to the Ethics Committee. This can be accomplished by contacting the Administrative Secretary in the Heninger Building or by working through the unit Administrative Director. The hospital has employed a full-time Patient Advocate. The Patient Advocate is assigned to see that patient's rights are not violated and to assist them in addressing their needs with hospital staff. The Patient Advocate is another excellent resource for patients and families who can assist in seeing that good care is provided to patients.